

Solicitation 172-9595

Group Dental Plans - Single Provider DHMO &
Passive PPO Fully-Insured

City of Fort Lauderdale

Bid 172-9595

Group Dental Plans - Single Provider DHMO & Passive PPO Fully-Insured

Bid Number 172-9595
 Bid Title Group Dental Plans - Single Provider DHMO & Passive PPO Fully-Insured

Bid Start Date In Held
 Bid End Date Nov 17, 2006 2:00:00 PM EST
 Question & Answer End Date Oct 30, 2006 5:00:00 PM EST

Bid Contact Michael F Walker
 Procurement & Contracts Manager
 Procurement
 954-828-5677
 mwalker@fortlauderdale.gov

Item Response Form

Item	172-9595 - Group Dental Plans - Single Provider DHMO & Passive PPO Fully-Insured
Quantity	1 each
Unit Price	<input style="width: 150px; height: 20px;" type="text"/>
Delivery Location	City of Fort Lauderdale <u>12 Fire stations and 1 Support Services</u> See bid specifications Fort Lauderdale FL various Qty 1

Description

The City of Fort Lauderdale, Florida (City) is seeking proposals from qualified firms, to provide Group Dental Plans – Single Provider DHMO & Passive PPO Fully-Insured, for the City's employees and their eligible dependents, in accordance with the terms, conditions, and specifications contained in this Request for Proposal (RFP).

Request for Proposal

172-9595

**GROUP DENTAL PLANS – SINGLE PROVIDER DHMO & PASSIVE PPO
FULLY-INSURED**

**Opens: November 17, 2006
2:00 p.m.**



Venice of America

City of Fort

Lauderdale

***Issued for FINANCE/BENEFITS DIVISION
By the Procurement Service Department***

**Michael Walker, A.P.P., CPPB, FCPM, FCPA
(954) 828-5677**

E-mail: mwalker@fortlauderdale.gov

**City of Fort Lauderdale
RFP # 172-9595 Group Dental Plans**

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Exhibit A, General Conditions
 Exhibit B, Special Conditions

**11. ATTACHMENTS INCLUDED IN THIS RFP TO BE DOWNLOADED FROM RFPDEPOT:
 ALL RESPONSES TO WORD AND EXCEL DOCUMENTS SHOULD BE SUBMITTED IN
 WRITTEN PROPOSAL AND ALSO ON CD DISK.**

Exhibit 6.1 – DHMO Plan, Manual DentalGuard Plan Schedule – 60M for current co-payment schedule. (pdf file for informational purposes only)

Exhibit 6.2 - PPO Plan, Benefit Summary City of Fort Lauderdale – (pdf file for informational purposes only)

Exhibit 6.3.1 DHMO Certificate of Coverage (pdf file for informational purposes only)

Exhibit 6.3.2 PPO Certificate of Coverage (pdf file for informational purposes only)

Exhibit 8.0 – Interrogatories (Microsoft Word file)

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Exhibit 9.0 – Required Forms including the following: (Microsoft Word files)

- 9.1 Proposal Form
- 9.2 Proposer's Identification

- 9.3 Proposer's Warranty
- 9.4 DHMO Copays
- 9.5 Provider Network Summary
- 9.6 Fully Insured Premium Forms
- 9.7 Reference Forms

Exhibit 9.5: Current Dental Providers Network Summary (Excel File)

Exhibit 10.1: Dental Experience (pdf file called Zeus Data for Claims Experience for informational purposes only)

Exhibit 10.2: Census: RFP Dental Census (Excel File for informational purposes only)

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1. INTRODUCTION

1.1 Agent and Broker Participation

Agent or broker participation is not requested. **Proposals are to exclude commissions.**

1.2 Objectives of Request for Proposal

- A. To reduce the cost of providing dental care benefits.
- B. Maintain choice for the level of existing benefits.
- C. Provide employees, dependents and retirees with convenient access to a network of quality providers.

1.3 Scope of Request For Proposal

This Request for Proposal (hereafter called RFP) has been prepared to request proposals for a group dental plan. The structures of the benefit plans requested are:

- 1. A passive PPO that closely matches existing benefits on an out-of-network basis. Incentives for network utilization would include no balance billing, no claim filing and reduced claim costs. Benefit maximum should equal current dental plan.
- 2. A DHMO that provides for co-pays for dental services provided at both the general and specialist dentist's office. The proposed co-pay schedule should represent the proposing company's best benefit schedule and include orthodontic coverage.

Eligible employees will be able to choose to participate in either plan option on an annual basis.

The proposed effective date is January 1, 2007.

It is requested that proposals include costs on a fully-insured basis.

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1.4 RFP SCHEDULE

The following schedule is a general guideline for issuance, evaluation, recommendation for award of this RFP and issuance of the contract. The City may change the dates of any events listed below. Any changes to this schedule will be posted in the Procurement Services Department.

<u>EVENT</u>	<u>DATE</u>
Issue RFP	October, 23, 2006
Last Day to Submit Questions	October, 30, 2006 5:00 PM
Addendum, if Required	November 2, 2006
Proposals Due	November 17, 2006 2:00 PM
Evaluation Committee Review of Proposals and Possible Short-listing of Vendors	November 27, 2006 (Estimated)
Oral Presentations (if required)	December 1, 2006 (Estimated)
Anticipated City Commission Approval of Award	December 12, 2006 (Estimated)
Contract Start Date	January 1, 2007 (Estimated)

**City of Fort Lauderdale
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1.5 City of Fort Lauderdale – Overview

The City of Fort Lauderdale has approximately 2,500 full-time employees eligible for the dental benefits. There are approximately 1,260 covered under a fully insured dental plan which was implemented on March 1, 2003. Eligible employees covered under the plan include management/confidential; supervisory/professional groups represented by Federation; and the general employee group represented by Teamsters Collective Bargaining Group. The police and fire non-management employees are not covered under this plan. Currently, the City utilizes the Guardian Life Insurance of America's Passive PPO and Managed Dental Guard (DHMO). Both of these plans are fully insured.

1.6 Description of Existing Plans

The City currently offers a fully-funded Passive PPO and Managed Dental Guard (DHMO) plan which was implemented on March 1, 2003. A complete description of the plan can be found in Section 6 of this RFP.

1.7 Existing Employee Contributions

The current bi-weekly deductions for dental coverage are outlined below by group. These contributions have remained the same since March 1, 2003. General employees contribute 100% of the dental costs which were estimated as of March 1, 2003.

Employee Bi-Weekly Dental Plan Contributions

Employees	Management & Supervisory/ Professional	Confidential	General (DMHO)	General PPO
Employee Only	\$0	\$6.69	\$13.38	\$26.15
Employee & Spouse	\$0	\$12.23	\$24.46	\$48.99
Employee & Child(ren)	\$0	\$11.77	\$23.54	\$50.36
Family	\$0	\$15.92	\$31.85	\$63.48

2. FORM OF VENDOR RESPONSE/CONTACT WITH THE CITY

2.1 Number of Copies

Proposers should submit **an original and EIGHT copies** of a written proposal, which provides the required information. One (1) proposal with original signatures and nine photocopies of the proposal are acceptable. The original proposal and copies should be submitted in 3-ring binders. **Please provide all responses to “word and excel attachment files” also on CD Disk.**

2.2 Organization of Proposals

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

2.3 Proposal Submission Instructions

Proposals must be received in the Procurement Services Department, Rm. 619, 100 North Andrews Avenue, Fort Lauderdale, FL 33301 prior to 2 p.m. EST on November 17, 2006. Bids received after 2 p.m. on November 17, 2006 will be returned to the vendor unopened. The time will be based on the time kept in the Procurement

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Services Department. Copies of proposals shall not be submitted to any other office or department whatsoever at the City. Proposals will be opened at 2:00 PM EST.

2.4 Contact with City

Questions concerning this Request for Proposal shall be directed to Michael Walker, Procurement and Contracts Manager. Contacting any other personnel may result in vendor disqualification. The Procurement Services Department will determine whether an addendum should be issued as a result of any questions or other matters raised. If issued, the addendum will be incorporated into the RFP and will become part of the contract document.

Contacting other members of the Evaluation Committee may result in vendor disqualification. The Procurement Services Department will determine whether an addendum should be issued as a result of any questions or other matters that are raised. If issued, the addendum will be incorporated into the RFP and will become part of the subsequent Contract.

2.5 Last Date to Submit Questions or Request Information

Questions concerning technical specifications contained in this Request for Proposal or for information concerning the RFP response procedures, contact Michael F. Walker, Procurement and Contracts Manager at (954) 828-5677 or via e-mail to mwalker@fortlauderdale.gov, and to no other person or department at the City. Such contact is for clarification purposes only. Material changes, if any, must be in writing and must be received no later than October 30, 2006 before 5:00pm EST. The City uses RFP Depot, www.rfpdepot.com to accept all technical questions. 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 or other matters raised. If issued, the addendum will be incorporated into the Request for Proposal and will become part of the resulting contract.

The City of Fort Lauderdale uses RFP Depot (www.rfpdepot.com) to distribute and receive bids and proposals. There is no charge to vendors/contractors to register and participate in the solicitation process, nor will any fees be charged to the awarded vendor. Refer to www.rfpdepot.com for further information.

3. EVALUATION/REJECTION OF PROPOSALS

3.1 Selection Process

An Evaluation Committee will review the proposals and recommend no more than one for final selection. The recommendations of the Evaluation Committee are based on an evaluation of proposals submitted. The award will be made to the proposer who, in the opinion of the Evaluation Committee, best meets the selection criteria as outlined in Section 3.2.

Prior to award, proposer may be asked to meet with the Evaluation Committee for the purpose of clarifying or expanding upon any information contained in their proposal.

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The City reserves the right to accept any proposal deemed to be in the best interest of the City, to waive any informality in any proposal, and to reject any and all proposals.

3.2 Selection Criteria

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

Under each criteria is listed the section of the response and other sources that may be used to evaluate the criteria. This in no way limits the information that may be used to evaluate each criteria; it merely serves as a guide.

Evaluation Criteria	Points
A. Size, accessibility, adequacy, and quality of DHMO and PPO provider networks in Broward, Miami-Dade, and Palm Beach Counties. Section 9, Network Forms Section 8, Interrogatories	20
B. The ability of the proposer to provide and administer the requested plan benefits and provisions. Benefit Descriptions References	10
C. The level of benefits for both the DHMO and PPO dental plans. Benefit Descriptions	25
D. The premiums proposed, including three-year rate guarantees. Section 9, Premiums	20
E. The satisfaction level of existing employer clients, members and network providers. References	25
F. The ability to provide the requested experience and utilization data on a timely basis. Section 8, Interrogatories References	
G. General compliance with the requirements of all sections of this RFP including, but not limited to, the use of required forms and the inclusion of all required materials and data.	
TOTAL POINTS	100

3.3 Rejection of Proposals

The City may, at its sole and absolute discretion, reject any and all proposals; readvertise 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

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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.

3.4 Withdrawal of Proposals

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

3.5 Contract Requirement

The successful proposer will be required to sign a contract, the terms of which are acceptable to the City. A contract will be prepared with the successful proposer based on the terms, conditions and services described in the RFP and the proposers response.

4. REQUIRED INFORMATION AND INSTRUCTIONS

Each proposal shall 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 format and instructions.

Proposers must organize their proposals as follows:

- Proposal Cover Sheet (cover letter optional)
- I Benefits
- II Proposed Premium Information
- III Network Forms
- IV Responses to Interrogatories
- V Deviations to Specifications
- VI References
- VII Required Forms

4.1 Cover Sheet

Proposers shall completely fill in all information requested on the PROPOSAL FORM provided in Section 9, Required Forms. Use this sheet as the first page of your proposal. A cover letter may be included after the cover sheet.

4.2 Proposer's Identification & Proposer's Warranty

These forms, which can be found in Section 9 of this RFP, should be included in Section VII of your proposal.

City of Fort Lauderdale
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4.3 Benefit Plans

Proposers shall provide complete benefit descriptions of the plans being proposed. These descriptions must include all exclusions and limitations. These descriptions should be labeled Response to Section 4.3 and placed in Section I of the proposal.

4.4 Rate and Premium Forms

Proposers must complete the premium forms provided in Section 9 of this RFP. These forms should be placed in Section II of the proposal.

4.5 Network Forms

Proposers must complete the network forms provided in Section 9 of this RFP. These completed forms should be placed in Section III of the proposal.

4.6 Interrogatories

Proposers must respond the interrogatories contained in Section 8 of this RFP. These responses must be placed in Section IV of the proposal.

4.7 Deviations from RFP

Proposers must provide a list of any deviations to the general provisions and requested benefits 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.

4.8 Grievance and Appeal Procedures

Proposers must provide a description of the grievance and appeal procedure. Label this information Response to 4.8 and include in Section VII of your proposal.

4.9 Audited Financial Statement

Proposers must furnish their most recent independently audited financial statement. Label this information Response to 4.9 and include in Section VII of your proposal.

4.10 Annual Report

Proposers should provide a 2005 Annual Report. Label this information Response to 4.10 and include in Section VII of your proposal.

4.11 Proof of Incorporation

Proposers must furnish proof of State of Incorporation and State in which licensed. Label this information Response to 4.11 and include in Section VII of your proposal.

4.12 Authorization to Provide Services

Proposers must 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 4.12 and include in Section VII of your proposal.

4.13 References

Proposers must provide a list of group clients including municipalities with more than 500 covered employees. Also include names of persons and phone numbers who may be contacted for references. A form has been provided in Section 9 of this RFP. This completed form should be placed in Section VI of your proposal.

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4.14 Proposing Company History

Proposers must indicate number of years the company has offered group dental plans. Label this information Response to 4.14 and include in Section VII of your proposal.

4.15 Minimum Qualifications

Proposers must provide documentation of minimum qualification as stated in Section 5. Label this information Response to 4.15 and include in Section VII of your proposal.

4.16 Sample Contracts

Proposers must include samples of any and all contracts which would be executed by the City under the proposed plans. Label this information Response to 4.16 and include in Section VII of your proposal.

4.17 Sample Administration Forms

Proposers must include a sample identification card, claims forms, enrollment forms and explanation of benefits forms. Label this information Response to 4.17 and include in Section VII of the proposal.

4.18 Commissions

All proposals should be submitted net of commissions. No broker or agent participation is requested nor required. A statement to this effect should be included in your proposal provisions. Label this statement Response to 4.18 and include it in Section VII of the proposal.

4.19 Failure to Provide

Failure to provide the requested information may result in the proposal being rejected.

4.20 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 contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of \$25,000 for a period of 36 months from the date of being placed on the convicted vendor list. As per State of Florida Statute 287.133 (2) (a). No form required.

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 State of Florida Department of Insurance to provide the goods and services requested in the RFP.
- Comply with any requirements imposed upon the Proposer by the Florida Department of Insurance.

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Insurance Company and PPO Dental Plan

- 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. BENEFIT PLAN SPECIFICATIONS:

Proposers should offer Fully-Funded Group Dental Plans that are equivalent to or better than, those currently being used by the City. Specific details on proposed equivalent plans must be included, and must provide sufficient detail to enable Evaluation Committee to determine if the plan is equal to or better than the plan currently in place.

6.1 DHMO PLAN (See Attached Manual DentalGuard Plan Schedule – 60M) for Current Co-Payment Schedule. (EXHIBIT 6.1)

Please provide your company’s copays for the dental procedures listed on the form. Also provide copays for any procedures not listed that are covered under your proposed plan. Include the form in Section I of your proposal.

6.2 PPO PLAN (See Attached Benefit Summary City of Fort Lauderdale – PPO Plan) for Current Co-Payment Schedule. (EXHIBIT 6.2)

6.3 DENTAL BENEFITS: See Attached DHMO Certificate of Coverage (EXHIBIT 6.3.1) and Attached PPO Certificate of Coverage (EXHIBIT 6.3.2)

City of Fort Lauderdale - RFP # 532-8789 Group Dental Plans**7. GENERAL PLAN PROVISIONS****7.1 Retirees**

Retirees and their spouses are eligible to continue coverage for life. Their options available are at retirement.

7.2 Waiting Period and Effective Date

The effective date for all eligible employees is the first of the month following date of hire.

7.3 Leave of Absence

The City continues contributions during approved FMLA absences. Employees who are on approved personal leave pay full premium.

7.4 Dependent Coverage

Eligible dependents shall include a covered employee's spouse (if not divorced or legally separated) or 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 and
- (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.

7.5 Transferred Business

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

7.6 Determination of Claim Liability

Final determination of any claim liability shall rest with the selected plan in accordance with the plan benefits and the outcome of a pre-established appeals process.

7.7 Plan Year Defined

The plan year shall be on a calendar year basis.

7.8 Eligibility Reports

Eligibility will be provided to the proposer on a monthly basis. Proposer is responsible for verifying eligibility and plan benefits.

7.9 Network Directories

Proposer shall be responsible for mailing a network directory once a year to each covered employee. Monthly updates on network changes are to be provided to the City and a sufficient supply of newly reprinted directories are to be provided as soon as they are available.

7.10 Printing Costs

Costs associated with the printing and mailing of plan booklets should be included in the monthly premiums.

City of Fort Lauderdale - RFP # 532-8789 Group Dental Plans

7.11 ID Cards, Documents, Communications to Members

The proposer shall provide identification cards, master plan documents and communications regarding the network and utilization review plan. All communications to members must be approved by the City prior to mailing.

7.12 Timely Reports

The proposer is expected to provide timely reports to the City based upon mutually agreeable parameters.

7.13 Standard Reports

The proposer shall include the following in the list of standard reports available without additional charges.

PPO Plans

- A. Monthly paid claims separated by option, by network, non-network, by employee, by dependent.
- B. Monthly paid claims by ADA code and description, by employee, by dependent.

DHMO Plans

- C. Number of encounters by ADA code and description by employee, by dependent, by month.

8. INTERROGATORIES (SEE ATTACHED WORD FILE CALLED EXHIBIT 8.0 INTERROGATORIES)

Responses to the interrogatories are to be included in Section IV of your proposal.

9. REQUIRED FORMS (SEE ATTACHED WORD FILE, EXHIBIT 9.0 REQUIRED FORMS)

(SEE ATTACHED EXCEL FILE; EXHIBIT 9.5 CURRENT DENTAL PROVIDERS NETWORK SUMMARY)

10. UNDERWRITING INFORMATION

10.1 DENTAL EXPERIENCE: (SEE PDF FILE CALLED ZEUS DATA FOR CLAIMS EXPERIENCE). DHMO EXPERIENCE DOES NOT INCLUDE CAPITATION EXPENSES.

10.2 CENSUS: (SEE THE PDF FILE CALLED RFP DENTAL CENSUS 10062006 FOR THE CITY'S EMPLOYEE CENSUS INFORMATION.)

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EXHIBIT "A"

City of Fort Lauderdale
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.

PART I BIDDER PROPOSAL PAGE(S) CONDITIONS:

- 1.01 BIDDER ADDRESS:** The City uses automated vendor address lists that been generated for each specific Commodity Class item through our bid issuing service, RFP Depot. Notices of Invitations to Bid (ITB'S) are sent by e-mail or fax 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 RFP Depot 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 RFP Depot. 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 his bid and the prices quoted in his 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.

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.

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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 will be asked to meet with City staff so that the intended MBE/WBE participation can be formalized and included in the subsequent contract.

1.09(a) CERTIFICATION BY BROWARD COUNTY, FL: If awarded a contract or purchase order as a result of this solicitation, and if the awarded contractor/vendor is claiming minority status in accordance with Section 1.08 of the General Conditions, then said awarded contractor/vendor shall apply for certification by Broward County, Florida, Division of Equal Employment and Small Business Opportunity. Contractor/vendor shall provide documentation of application status, and once approved or disapproved by Broward County, must also provide that documentation to the Procurement Services Department of the City of Fort Lauderdale.

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, 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:

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- 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 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 Bidder's, 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 Federal Excise taxes is 59-74-0111K, and State Sales tax exemption number is 16-03-196479-54C.**
- 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 his bid any variance from those specifications. It is the Bidder's responsibility to provide adequate information, in his 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, he must notify the Procurement Division 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 him 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.

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- 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 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; 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.
- 3.15 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.
- 3.16 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.
- 3.17 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

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- 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 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 his 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:
- Bidder's 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 Occupational 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 he 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, he will, if he 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

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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 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 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, 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 one (1) year beyond the last day of the contract term.
- 5.13 PERMITS, TAXES, LICENSES:** The successful Contractor shall, at his 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 on 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 to the contract occur, and those circumstances significantly affect the Contractor's cost in providing the required 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:
1. 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.
 2. 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.
 3. 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

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shall include, but not be limited to, declaring the Contractor in default and disqualifying him for receiving any business from the City for a state 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.
- 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 Manager or selected designee.
- 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.

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EXHIBIT "B" Special Conditions

01. GENERAL CONDITIONS:

RFP General Conditions Form G-107 Rev 11/98 (GC) are included and made a part of this RFP as Exhibit "A".

02. VARIANCES:

While the City allows Proposers to take variances to the RFP terms, conditions, and specifications, the number and extent of variances taken will be considered in determining proposal responsiveness and in allocating proposal evaluation points. See Section 1.06 of GC.

03. 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.

04. RFP DOCUMENTS:

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

05. PROPOSERS' COSTS:

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

06. RULES AND PROPOSALS:

The signer of the proposal must declare that the only person(s), company or parties interested in the proposals 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 proposal.

07. CONFIDENTIAL INFORMATION:

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 all Proposer's 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. Therefore, 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, otherwise, the City will treat all materials received as public records.

08. MINORITY-WOMEN BUSINESS ENTERPRISE PARTICIPATION:

It is the desire of the City of Ft. 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 program 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**

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their proposal, those firms, and their specific duties have to be identified in the proposal.

If proposers are considered for award, they may be asked to meet with City staff so that the intended MBE/WBE participation can be formalized and included in the subsequent contract.

See General Conditions Section 1.08 for MBE and WBE definitions.

08.1. Certification by Broward County, FL: If awarded a contract or purchase order as a result of this solicitation, and if awarded Contractor is claiming minority status in accordance with Section 1.08 of the General Conditions, then said awarded Contractor shall apply for certification by Broward County, Florida, Division of Equal Employment and Small Business Opportunity. Contractor shall provide documentation of application status, and once approved or disapproved by Broward County, must also provide that documentation to the Purchasing Division of the City of Fort Lauderdale, FL.

09. APPROVED EQUAL OR ALTERNATE PRODUCT PROPOSALS:

The Technical Specifications contained in this RFP are to be used as a reference only and are not to be considered of a proprietary nature. These specifications represent a level of quality and features are desired by the City. The City is receptive to any product, which would be considered by qualified City personnel as an equivalent.

The proposer must state clearly in his proposal pages any variance to the specifications. If proposing an approved equal or alternate product or service, it will be the proposer's responsibility to provide adequate information in his proposal to enable the City to ensure that the proposal meets the required criteria. If adequate information is not submitted with the proposal, it may be rejected.

The City of Fort Lauderdale will be the sole judge in determining if the product or services proposed qualifies as approved equal. The City reserves the right to award to that proposal which will best serve the interest of the City as determined by the City. The City further reserves the right to waive minor variations to specifications and in the RFP process.

10. CONTRACT PERIOD:

The initial contract term shall commence on January 1, 2007 and shall be for a (3) three-year period guaranteeing pricing, terms conditions and specifications remain the same. The City reserves the right to extend the contract for up to three (3) additional one (1) year terms providing all terms conditions and specifications remain the same, both parties agree to the extension, and such extension is approved by the City. Extensions to the contract are subject to annual rate reviews and mutual approval and acceptance by the City and Contractor. Such annual rate reviews shall be based on the contract cost adjustment terms as outlined in paragraph 12. It is anticipated the contract term will begin on or about January 1, 2007. The City is interested in establishing a long-term relationship and will consider equitable price proposals that contain guaranteed multi-year terms, where such pricing is shown to be in the City's best interests.

11. INVOICES/PAYMENT

The Procurement Division maintains a 24 hour per day Invitation To Bid hotline listing all current ITB's, Call (954) 828-5727 to keep abreast of our current needs or check our website at www.purchase@fortlauderdale.gov

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The City will accept invoices no more frequently than once per month. Each invoice shall fully detail related costs and shall specify the status of the particular task or project as of the date of the invoice as regards the accepted schedule for that task or project, IF APPLICABLE.

The City will endeavor to make payment on a correct invoice within thirty (30) days after receipt of an invoice acceptable to the City. If, at any time during the contract, the City shall not approve or accept the Contractor's work product, and an agreement cannot be reached between the City and the Contractor to resolve the problem to the City's satisfaction, the City shall negotiate with the Contractor 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.

12. CONTRACT COST ADJUSTMENTS:

The costs as proposed and accepted by the City shall be firm for a minimum of three years from the initial contract start date. The costs for the renewal periods shall be subject to mutually agreed upon pricing. **Any requested cost adjustment shall be submitted to the City at least NINETY (90) days prior to the contract anniversary date.** Any approved cost adjustments shall become effective on the beginning date of the approved contract extension.

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 reserves the right to cancel the contract upon giving thirty (30) days notice to the Contractor.

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 Procurement Director. 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 was invoked by the City.

13. NO EXCLUSIVE CONTRACT/ADDITIONAL SERVICES:

Contractor 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.

14. 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 Contractor shall be paid for the deleted portion on the basis of the estimated percentage of completion of such portion.

If the Contractor 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 Contractor will submit a revised budget to the City for approval prior to proceeding with the work.

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15. ADDITIONAL ITEMS/SERVICES:

The City may require additional items or services of a similar nature, but not specifically listed in the contract. The contractor agrees to profuse such items or services, and shall provide the City prices on such additional items or services 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 or services from other vendors, or to cancel the contract upon giving the Contractor thirty (30) days written notice.

16. WARRANTIES OF USAGE:

Anticipated services, which may be listed, are for information and tabulation purposes only. No warranty or guarantee of any specific volume of services is given or implied. It is understood that the Contractor will furnish the City's needs as they arise.

17. SUBCONTRACTING:

The Contractor shall be capable of performing all the work as detailed in the Scope of Services without subcontracting. **In the event the Contractor wished to use a subcontractor this information shall be included as a part of the RFP response.** The Contractor shall be held fully responsible for the subcontractor's work and for complete compliance with the RFP specifications. The City reserves the right to approved or disapprove of any subcontractor candidate in its best interest.

18. INDEPENDENT CONTRACTOR:

The Contractor is an independent contractor under this Agreement. Personal services provided by the Contractor shall be by employees of the Contractor and subject to supervision by the Contractor, and not as officers, employees, or agents of the City. Personal 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 Contractor.

19. INSURANCE:

The Contractor shall furnish proof of Worker's 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 and Automobile Insurance. Any costs for adding the City as "additional insured" will be at the contractor's expense.

1. WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY INSURANCE

Limits: Worker's Compensation – Statutory 440.055
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.

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2. 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:

- a. Coverage for the liability assumed by the contractor under the indemnity provision of the contract.
- b. Coverage for hazards commonly referred to as “explosion, collapse and underground”, exclusions – on contract contracts only.

3. AUTOMOBILE LIABILITY INSURANCE

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

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

4. PROFESSIONAL LIABILITY

Limits: \$1,000,000 per occurrence
\$2,000,000 aggregate with defense costs in additional 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 both General Liability and Automobile.

Certificate holder should be addressed as follows:

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

20. 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 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 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

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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.

21. RECORDS/AUDITS:

The accounts and financial records, with respect to the services performed under the Contract, shall be kept separate or identifiable from those relating to the contractor's other activities. The Contractor shall, with reasonable prior notice, make available, during reasonable business hours, to the City's Representative or Internal Auditor for inspection and audit all records and files relative to this Contract. The Contractor shall maintain and make available such records and files for the duration of the Contract, including any extension terms plus two (2) years. Such records shall be maintained, as an independent certified public accountant would need to examine in order to certify a statement of contractor's operations according to generally accepted auditing standards.

22. UNCONTROLLABLE CIRCUMSTANCES ("Force Majeure"):

The City and Contractor 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 services 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;
- 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 Contractor 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.

23. CONFLICT OF INTEREST

The award of contract is subject to the provisions of Chapter 112, Florida Statutes. All proposers must disclose with their proposal the name of any officer, director, or agent who is also an employee of the City. Further, all proposers must disclose the name of any employee of

City of Fort Lauderdale
RFP # 532-8789 Group Dental Plans

the City who owns, directly or indirectly, an interest of 5% or more in the proposer's firm or any of its branches.

24. BID TABULATIONS/INTENT TO AWARD

(Notice of Intent to Award Contract/Bid, resulting from the City's Formal solicitation process may be found at http://www.fortlauderdale.gov/purchasing/notices_of_intent.htm. Tabulations of receipt of those parties responding to a formal solicitation may be found at <http://www.fortlauderdale.gov/purchasing/bidresults.htm> , or any interested party may call the Procurement Office at 954-828-5933.

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NON-COLLUSION STATEMENT:

By signing this offer, the vendor/contractor 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,

10.1.1.1.1.1 3.3. City employees may not contract with the City through any corporation or business entity in which they hold a controlling financial interest (ownership of five (5) percent or more), unless in their City duties they are not involved in:

- 3.3.1 The award of the contract, or
- 3.3.2 Determining contract provisions, or
- 3.3.3 The enforcement of the contract.

3.4 Immediate family members (spouse, parents, 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.

Managed DentalGuard

Plan Schedule – 60M

MDG Codes ++	Covered Services	Patient Charges	MDG Codes ++	Covered Services	Patient Charges
Appointments & Diagnostic Services			Crown, Bridge & Other Cast Restorations		
0101*	Office visit - during regular hours - participating general dentist only	\$5.00	2510	Inlay - metallic - one surface**	\$95.00
0102	Broken appointment (without 24 hours notice)	\$25.00	2520/6520	Inlay - metallic - two surfaces**	\$115.00
0120/0140/0150	Oral evaluation	NO CHARGE	2530/6530	Inlay - metallic - three or more surfaces**	\$120.00
0460	Pulp vitality tests	NO CHARGE	2543/6543	Onlay - metallic - three surfaces**	\$125.00
0470	Diagnostic casts	NO CHARGE	2544/6544	Onlay - metallic - four or more surfaces**	\$130.00
9310	Consultation (by dentist other than practitioner providing treatment)	NO CHARGE	2702	Crown supporting existing partial denture, in addition to crown	\$125.00
9430	Office visit for observation - regular hours - no other service performed	NO CHARGE	2703	Multiple crown and bridge unit treatment plan - per unit	\$125.00
9440	Emergency office visit - after regularly scheduled office hours	\$50.00	2740	Crown - porcelain/ceramic substrate	\$160.00
Radiographs			2750 - 2752	Crown - porcelain fused to metal**	\$155.00
0210	Intraoral - complete series (including bitewings)	NO CHARGE	2790 - 2792	Crown - full cast metal**	\$145.00
0220/0230/0240	Intraoral - periapical or occlusal - single film	NO CHARGE	2810/6780	Crown - 3/4 cast metallic**	\$150.00
0270/0272/0274	Bitewings	NO CHARGE	6210 - 6212	Pontic - cast metal**	\$145.00
0330	Panoramic film	NO CHARGE	6240 - 6242	Pontic - porcelain fused to metal**	\$155.00
Preventive & Space Maintenance			6750 - 6752	Crown - abutment - porcelain fused to metal**	\$155.00
1110/1120	Prophylaxis	NO CHARGE	6790 - 6792	Crown - abutment - full cast metal**	\$145.00
1201/1203	Topical application of fluoride (may include prophylaxis) - child	NO CHARGE	Other Restorative Services		
1310	Nutritional counseling for control of dental disease	NO CHARGE	2910/2920/6930	Recement inlay, crown, bridge	NO CHARGE
1330	Oral hygiene instruction	NO CHARGE	2930/2931	Prefabricated stainless steel crown	\$15.00
1351	Sealant - per tooth	NO CHARGE	2932	Prefabricated resin crown	\$35.00
1510	Space maintainer - fixed - unilateral	\$25.00	2940	Sedative filling	NO CHARGE
1515	Space maintainer - fixed - bilateral	\$45.00	2950/6973	Core buildup, including any pins	\$30.00
1550	Recementation of space maintainer	\$5.00	2951	Pin retention - per tooth, in addition to restoration	NO CHARGE
Restorative			2952/6970	Cast post & core	\$45.00
2110	Amalgam - one surface - primary	NO CHARGE	2954/6972	Prefabricated post & core	\$35.00
2120	Amalgam - two surfaces - primary	\$5.00	2960	Labial veneer (laminare) – chairside	\$65.00
2130	Amalgam - three surfaces - primary	\$5.00	Endodontics		
2131	Amalgam - four or more surfaces - primary	\$10.00	3110/3120	Pulp cap	NO CHARGE
2140	Amalgam - one surface - permanent	NO CHARGE	3220	Therapeutic pulpotomy	\$10.00
2150	Amalgam - two surfaces - permanent	\$5.00	3310	Root canal – anterior	\$70.00
2160	Amalgam - three surfaces - permanent	\$5.00	3320	Root canal – bicuspid	\$80.00
2161	Amalgam - four or more surfaces - permanent	\$10.00	3330	Root canal – molar	\$140.00
2210	Silicate cement - per restoration	\$5.00	3346	Root canal - retreatment – anterior	\$80.00
2330	Resin/composite - one surface, anterior	\$10.00	3347	Root canal - retreatment – bicuspid	\$95.00
2331	Resin/composite - two surfaces, anterior	\$15.00	3348	Root canal - retreatment - molar	\$150.00
2332	Resin/composite - three surfaces, anterior	\$20.00	3410	Apicoectomy/periradicular surgery - anterior	\$90.00
2335	Resin/composite - four or more surfaces or incisal angle, anterior	\$20.00	3421	Apicoectomy/periradicular surgery - bicuspid - first root	\$95.00
2336	Composite resin crown, anterior - primary	\$15.00	3425	Apicoectomy/periradicular surgery – molar - first root	\$100.00
2380	Resin/composite - one surface, posterior - primary	\$15.00	3426	Apicoectomy/periradicular surgery – each additional root	\$40.00
2381	Resin/composite - two surfaces, posterior - primary	\$15.00	3430	Retrograde filling - per root	\$15.00
2382	Resin/composite - three or more surfaces, posterior - primary	\$20.00	Periodontics		
2385	Resin/composite - one surface, posterior - permanent	\$15.00	4210	Gingivectomy or gingivoplasty - per quadrant	\$60.00
2386	Resin/composite - two surfaces, posterior - permanent	\$20.00	4211	Gingivectomy or gingivoplasty - per tooth	\$20.00
2387	Resin/composite - three or more surfaces, posterior – permanent	\$25.00	4240	Gingival flap procedure - including root planing - per quadrant	\$105.00
			4249	Clinical crown lengthening - hard tissue	\$85.00
			4260	Osseous surgery - including flap entry, closure - per quadrant - five to eight teeth	\$155.00
			4261	Osseous surgery - including flap entry, closure - per quadrant - one to four teeth	\$90.00

Managed DentalGuard

Plan Schedule – 60M

MDG Codes ++	Covered Services	Patient Charges
Periodontics (cont.)		
4270	Pedicle soft tissue graft procedure	\$100.00
4271	Free soft tissue graft procedure (including donor site surgery)	\$110.00
4341	Periodontal scaling & root planing – per quadrant	\$25.00
4355	Full mouth debridement to enable evaluation & diagnosis	\$15.00
4910	Periodontal maintenance procedures (following active therapy)	\$15.00
4920	Unscheduled dressing change (by other than treating dentist)	NO CHARGE
9951	Occlusal adjustment - limited - per visit	\$10.00
Prosthodontics (Removable)		
5110/5120	Complete denture (including routine post delivery care)	\$175.00
5130/5140	Immediate denture (including routine post delivery care)	\$175.00
Partial dentures (including routine post delivery care):		
5211/5212	Resin base - including clasps, rests, teeth	\$140.00
5213/5214	Cast metal framework with resin base - including clasps, rests, teeth	\$205.00
Repairs & adjustments:		
5410/11/21/22	Denture adjustments	\$10.00
5510/5610	Repair denture base	\$10.00
5520/5640	Replace missing or broken teeth – per tooth	\$10.00
5630	Repair or replace clasp	\$15.00
5650	Add tooth to existing partial	\$15.00
5660	Add clasp to existing partial	\$15.00
5710/11/20/21	Rebase denture	\$40.00
5730/31/40/41	Reline denture (chairside)	\$20.00
5750/51/60/61	Reline denture (laboratory)	\$35.00
5820/5821	Interim partial denture (stayplate)	\$70.00
5850/5851	Tissue conditioning	\$10.00
Oral Surgery		
7110/7120	Extraction - single tooth	\$5.00
7130	Root removal - exposed roots	\$10.00
7210	Surgical removal of erupted tooth	\$30.00
7220	Removal of impacted tooth - soft tissue	\$40.00
7230	Removal of impacted tooth - partially bony	\$55.00
7240	Removal of impacted tooth - completely bony	\$65.00
7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$70.00
7250	Surgical removal of residual tooth roots (cutting procedure)	\$30.00
7270	Tooth reimplantation and/or stabilization of accidentally evulsed tooth	\$50.00
7280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons	\$70.00
7281	Surgical exposure of impacted or unerupted tooth to aid eruption	\$50.00
7285	Biopsy of oral tissue - hard	\$35.00
7286	Biopsy of oral tissue - soft	\$35.00
7310	Alveoplasty in conjunction with extractions - per quadrant	\$30.00

MDG Codes ++	Covered Services	Patient Charges
Oral Surgery (cont.)		
7320	Alveoplasty not in conjunction with extractions - per quadrant	\$35.00
7450	Removal of odontogenic cyst/tumor – up to 1.25cm	\$45.00
7451	Removal of odontogenic cyst/tumor – over 1.25cm	\$90.00
7470	Removal of exostosis - maxilla or mandible	\$65.00
7510	Incision & drainage of intraoral abscess	\$20.00
7960	Frenulectomy (separate procedure)	\$50.00
Orthodontic Treatment (covers 24 months active treatment)		
8601	Orthodontic evaluation and consultation	\$100.00
8602	Orthodontic treatment plan and records, including x-rays, study models and photos	\$150.00
8070/8080/8090	Comprehensive orthodontic treatment, including fabrication and insertion of fixed banding appliance and periodic visits, up to 24 months; dependent child to age 18 (as determined by the Member's age on the date of banding)	\$2200.00
8070/8080/8090	Comprehensive orthodontic treatment, including fabrication and insertion of fixed banding appliance and periodic visits, up to 24 months; employee, spouse, or dependent child over age 18 (as determined by the Member's age on the date of banding)	\$2200.00
8670	Periodic comprehensive orthodontic treatment visit	NO CHARGE
8680	Orthodontic retention	\$407.00
Miscellaneous Services		
9110	Palliative (emergency) treatment - per visit	NO CHARGE
9215	Local anesthesia	NO CHARGE

++ Covered Services are subject to exclusions, limitations and Plan provisions. Other codes may be used to describe Covered Services.

** There will be an additional patient charge for the actual cost of gold/high metal for these procedures.

▪ Plan Schedules are only Valid for Covered Services rendered by Participating Dentists in the State of Florida.

Benefit Summary

for Dental has been prepared for the employees of:

City of Ft. Lauderdale – PPO Plan

No Deductible

Services	Percentage Paid	
	In-Network	Out-of-Network
Preventive Services	100%	100%
Emergency Palliative Treatment		
Oral Examination - every six months		
X-Rays - four bitewings every twelve months full mouth series every five years		
Teeth Cleaning - every six months		
Fluoride Treatments for Children - every six months under age 14		
Space Maintainers for Children - under age 16		
Topical Sealants for unrestored molar teeth		
-one treatment for child(ren) under 16 in a three (3) year period		
Basic Services	100%	100%
Laboratory Test		
Diagnostic Consultation- one per year		
Fillings: Amalgam, Silicate & Acrylic		
Endodontic Services/ Root Canal Therapy		
Periodontal Services/ Surgery		
Oral Surgery- extractions		
General Anesthesia- surgical procedures only		
Major Services	60%	60%
Fillings and Crowns: Gold and Porcelain		
Acrylic Corwns		
Installations, Repair and Maintenance or Bridgework and Dentures		
Orthodontic Services	60%	60%
\$2,500 Lifetime Maximum for dependent child(ren) up to age 19		

- There is an \$1,500 annual maximum for Preventive, Basic and Major services combined.
 - No Deductible.
 - Children are covered up to age 20 or 26 if a full time student.
 - There are no waiting periods for any services (unless Employee/Dependents are a Late Entrant¹).
 - All out of network services are based on usual, reasonable, and customary rates for given area.
 - Dental Claims - P. O. Box 2459, Spokane, WA 99210-2459, ph: 1-800-541-7846, fax: 509-468-4590.
 - Pre-determination Review - Guardian will gladly assist you and your dentist by determining what benefits could be payable for services and procedures over \$300. Have your dentist fax your treatment plan to Guardian, note that it is a pre-determination review and we will let your dentist know what benefits would be payable. (This includes orthodontic treatment if your plan includes it)
 - **Special Limitation:** Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan.
- R3 - DG4



GUARDIAN[™]

The Guardian Life Insurance Company of America, New York, NY

Benefit Summary

¹ A late entrant is a person who becomes insured more than 31 days after he is eligible; or becomes insured again, after his coverage lapsed because he did not make required payments. We won't cover charges incurred by a late entrant for (1) Group II (basic) services until 6 months from the date he is insured by this plan; and (2) Group III (major) services until 12 months from the date he is insured by this plan and Group IV (orthodontics) services until 24 months from the date he is insured by this plan.

DentalGuard General Limitations and Exclusions: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments, any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage.
Contract # GP-1-DNTL-90-1 et al.

This handout is for illustrative purposes. You will receive benefit booklets. If there is a discrepancy between this handout and your benefit booklet, the benefit booklet prevails.



GUARDIAN[®]

The Guardian Life Insurance Company of America, New York, NY

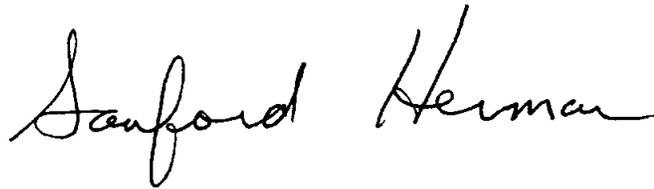
CERTIFICATE OF COVERAGE

The Guardian
7 Hanover Square
New York, New York 10004

We, The Guardian, certify that the *employee* named below is entitled to the insurance benefits provided by The Guardian described in this certificate, provided the eligibility and effective date requirements of the *plan* are satisfied.

Group Policy No.	Certificate No.	Effective Date
Issued To		

This CERTIFICATE OF COVERAGE replaces any CERTIFICATE OF COVERAGE previously issued under the above *plan* or under any other plan providing similar or identical benefits issued to the *planholder* by The Guardian.



Vice President, Group Pricing & Standards

CGP-3-MDG1

B850.0183-R

GENERAL PROVISIONS

As used in this booklet:

"Employer" means the *employer* who purchased this *plan*.

"Member" means an *employee* or a *dependent* insured by this *plan*.

"Our," "The Guardian," "us" and "we" mean The Guardian Life Insurance Company of America.

"Plan" means the Guardian *plan* of group benefits purchased by your *employer*.

"You" and "your" mean an *employee* insured by this *plan*.

Limitation of Authority

No agent is authorized to alter or amend this *plan*, to waive any conditions or restrictions contained herein, to extend the time for paying a premium or to bind The Guardian by making any promise or representation or by giving or receiving any information.

No change in this *plan* shall be valid unless evidenced by an endorsement or rider hereon signed by the President, a Vice President, a Secretary, an Actuary, an Associate Actuary, an Assistant Secretary or an Assistant Actuary of The Guardian, or by an amendment hereto signed by the *planholder* and by one of the aforesaid officers of The Guardian.

Incontestability

This *plan* shall be incontestable after two years from its Effective Date, except for non-payment of premiums.

No statement in any application, except a fraudulent statement, made by a person insured under this *plan* may be used in contesting the validity of his or her coverage or denying a claim for a loss incurred, or for a disability which starts, after such insurance has been in force for two years during his or her lifetime.

If this *plan* replaces the group *plan* of another insurer, we may rescind this *plan* based on misrepresentations made in a signed application for up to two years from this *plan*'s effective date.

Examination

We have a right to have a doctor or dentist of our choice examine the person for whom a claim is being made under this *plan* as often as we feel necessary. We'll pay for all such examinations.

CGP-3-MDG3

B850.0050-R

MEMBER ELIGIBILITY AND TERMINATION PROVISIONS

Enrollment Procedures *You and your dependents may enroll for dental coverage during any open enrollment period by filling out and signing the appropriate enrollment form and any additional material required by your employer and returning the materials to your employer, who will forward them to The Guardian. Thereafter, to obtain services you or your dependents need only contact the selected primary care dentist's office.*

The Guardian will issue *you* and each of your *dependents*, either directly or through the representative of your *employer* stated herein, a Guardian MDG identification card, listing the *member's* name and the name, address and telephone number of his or her selected *primary care dentist*.

Open Enrollment Period *If you do not enroll for dental coverage under this policy within 30 days of becoming eligible, you must wait until the next open enrollment period to enroll. The open enrollment period is a 30 day period occurring once every twelve (12) months after this policy's effective date, or at time intervals mutually agreed upon by your employer and The Guardian.*

If, after initial enrollment, a member disenrolls from the plan before the open enrollment period, he or she may not re-enroll until the open enrollment period which occurs after the member has been without coverage for one (1) full year.

When Your Coverage Starts *Your coverage starts on the plan effective date, if you are enrolled on or before the plan effective date. If you are not enrolled on this date, your coverage shall commence on the first day of the month following the date enrollment materials were received by The Guardian, or on the first day of the month after the end of any employer designated probationary period.*

When Your Dependent Coverage Starts *Except as stated above, your dependents shall be eligible for coverage on the same day you are eligible for coverage or on the first day of the month following the date on which you acquire such dependent, whichever is later.*

If your dependent is a newborn child, his or her coverage begins on the date of birth. If your dependent is an adopted child, his or her coverage begins on the date of placement in the home. If your dependent is a newborn adopted child, his or her coverage begins on the date of birth if a written agreement to adopt such child is entered into prior to birth. If no such agreement exists prior to birth, or if the dependent is not a newborn or adopted child, you must wait until the next Open Enrollment Period to enroll such a dependent, unless the child is preenrolled. If preenrolled, the newborn adopted child's coverage begins on the date of placement in the home. If a newborn child, adopted child or newborn adopted child becomes covered under this plan, you must complete enrollment materials for such a dependent within 30 days of his or her effective date of coverage. Coverage does not terminate if enrollment materials are not received within 30 days.

Member Eligibility And Termination Provisions (Cont.)

When Coverage Ends Subject to any continuation of coverage which may be available to *you* or your *dependents*, your and your *dependent's* coverage under this *plan* ends when your *employer's* coverage terminates. Your and your *dependent's* coverage also ends following the first of the following events:

- (1) Upon your failure to pay the required premium to The Guardian in accordance with the provisions of this *plan*, if *you* are required to pay any part of this *plan*.
- (2) The end of the month in which *you* or your *dependents* cease to be eligible for coverage under this *plan*.
- (3) The end of the month in which your *dependent* is no longer a *dependent* as defined in this *plan*.
- (4) When *you* or your *dependent* no longer resides or works in the *service area*.
- (5) The end of the month during which your *employer* receives written notice from *you* requesting termination of coverage for *you* or your *dependents*, or on such later date as requested by the notice.
- (6) The date of your or your *dependent's* entry into active military duty, except for temporary duty of 31 days or less;
- (7) 45 days after written notification is sent to *you* advising that your or your *dependent's* coverage will terminate because a *patient charge* or other payment required under the *plan* has not been made;
- (8) 45 days after advance written notification is sent to *you* advising that coverage will terminate because *you* or your *dependent* have knowingly given false information in writing on an enrollment form, or have misused an identification card or other documents provided to obtain benefits under this *plan*; or
- (9) 45 days after advance written notification is sent to *you* advising that your or your *dependent's* coverage will terminate because The Guardian has determined that the *member's* behavior is disruptive, unruly, abusive, unlawful, fraudulent or uncooperative to the extent that the *member's* continued participation in the *plan* seriously impairs the *plan's* ability to provide services to either the *employer* or to other *members*; or that the *member* has demonstrated an inability to maintain an appropriate dentist-patient relationship. The Guardian will:
 - (a) make a reasonable effort to resolve the problem presented by the *member*, including the use or attempted use of *member* grievance procedures;
 - (b) ascertain, to the extent possible, that the *member's* behavior is not related to the use of medical services or mental illness;
 - (c) document the problems, efforts and medical conditions on which the problem is based; and
 - (d) provide 45 days advance written notice of termination.

CGP-3-MDG-FL-ELIG

B850.0052-R

Member Eligibility And Termination Provisions (Cont.)

Extension of Dental Benefits If your or your *dependent's* insurance ends, we extend dental expense benefits for *you* or your *dependents* under this *plan* as explained below.

We only extend benefits for covered services if the procedure(s) are started before your or your *dependent's* coverage ends and are completed within 90 days after the date coverage ends. Inlays, onlays, crowns and fixed bridges are considered to be started when the tooth or teeth are prepared. Dentures are considered to be started when the impressions are taken. Orthodontic treatment is considered to be started when the teeth are banded. Root canal treatment is considered to be started when the pulp chamber is opened.

The extension of benefits terminates upon the earlier of: (a) 90 days after your or your *dependent's* coverage ends; (b) the date *you* or your *dependent* becomes covered under another plan providing coverage for similar dental procedures. However, if the succeeding plan excludes the above services through the use of an elimination period, then the extension of benefits will terminate 90 days after your or your *dependent's* coverage ends.

We don't grant an extension if your or your *dependent's* coverage was voluntarily terminated by *you* or your *dependent*. And what we pay is based on all the terms of this *plan*.

Dental Plan Election Procedures Since your *employer* offers you Guardian PPO and/or indemnity dental as an alternative to this dental coverage, *you* may change your election, and enroll in the alternative coverage as follows.

If *you* switch during the open enrollment period there is no penalty for switching. If *you* switch at any other time, *you* will be considered a late entrant, and *you* are subject to the alternate coverage's late entrant penalties. Your coverage under this *plan* ends on the date your coverage under the alternate coverage starts.

If *you* change your election, your insured dependents will automatically be switched to the alternate coverage at the same time as *you*.

CGP-3-MDG-FL-ELIG2

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YOUR CONTINUATION RIGHTS

You and your dependents may be eligible to retain coverage under this plan during any Continuation of Coverage period or election period, necessary for your employer's compliance with requirements of the Consolidated Omnibus Budget Reconciliation Act (COBRA) and any regulations adopted thereunder, or any similar state law requiring the Continuation of Benefits for members, provided the employer continues to certify the eligibility of the member and the monthly premiums for COBRA coverage for the member continue to be paid by or through the planholder pursuant to this plan.

An Important Notice About Continuation Rights

The following "Federal Continuation Rights" section may not apply to your employer's plan. You must contact your employer to find out if: (a) your employer is subject to the "Federal Continuation Rights" section, and therefore; (b) the section applies to you.

Federal Continuation Rights

Important Notice This section only applies to any dental benefits only. In this section, these coverages are referred to as "group dental benefits."

Under this section, "qualified continuee" means any person who, on the day before any event which would qualify him or her for continuation under this section, is covered for group health benefits under this plan as: (a) an active, covered employee; (b) the spouse of an active, covered employee; or (c) the dependent child of an active, covered employee. A child born to, or adopted by, the covered employee during a continuation period is also a qualified continuee. Any other person who becomes covered under this plan during a continuation provided by this section is not a qualified continuee.

If Your Group Dental Benefits End If your group dental benefits end due to termination of employment or reduction of work hours, you may elect to continue such benefits for up to 18 months if: (a) you were not terminated due to gross misconduct; (b) you are not covered for benefits from any other group plan at the time your group dental benefits under this plan would otherwise end; and (c) you are not entitled to Medicare.

The continuation: (a) may cover you and any other qualified continuee; and (b) is subject to "When Continuation Ends."

Extra Continuation For Disabled Qualified Continuees If a qualified continuee is determined to be disabled under Title XVI of the Social Security Act on the date his or her group dental benefits would otherwise end due to your termination of employment or reduction of work hours, he or she may elect to extend his or her 18 month continuation period explained above for up to an extra 11 months.

Federal Continuation Rights (Cont.)

To elect the extra 11 months of continuation, the qualified continuee must give your *employer* written proof of Social Security's determination of his or her disability before the earlier of: (a) the end of the 18 month continuation period; and (b) 60 days after the date the qualified continuee is determined to be disabled. If, during this extra 11 month continuation period, the qualified continuee is determined to be no longer disabled under the Social Security Act, he or she must notify your *employer* within 30 days of such determination, and continuation will end, as explained in "When Continuation Ends."

This extra 11 month continuation: (a) may be elected only by the disabled qualified continuee; and (b) is subject to "When Continuation Ends."

An additional 50% of the total premium charge also may be required from the qualified continuee by your *employer* during this extra 11 month continuation period.

If You Die While Insured If *you* die while insured, any qualified continuee whose group dental benefits would otherwise end may elect to continue such benefits. The continuation can last for up to 36 months, subject to "When Continuation Ends."

If Your Marriage Ends If your marriage ends due to legal divorce or legal separation, any qualified continuee whose group dental benefits would otherwise end may elect to continue such benefits. The continuation can last for up to 36 months, subject to "When Continuation Ends."

If A Dependent Loses Eligibility If a *dependent's* group dental benefits end due to his or her loss of *dependent* eligibility as defined in this *plan*, other than your coverage ending, he or she may elect to continue such benefits. However, such *dependent* child must be a qualified continuee. The continuation can last for up to 36 months, subject to "When Continuation Ends."

Concurrent Continuations If a *dependent* elects to continue his or her group dental benefits due to your termination of employment or reduction of work hours, the *dependent* may elect to extend his or her 18 month continuation period up to 36 months, if during the 18 month continuation period, either: (a) the *dependent* becomes eligible for 36 months of group dental benefits due to any of the reasons stated above; or (b) *you* become entitled to Medicare.

The 36 month continuation period starts on the date the 18 month continuation period started, and the two continuation periods will be deemed to have run concurrently.

The Qualified Continuee's Responsibilities A person eligible for continuation under this section must notify your *employer*, in writing, of: (a) your legal divorce or legal separation from your spouse; or (b) the loss of *dependent* eligibility, as defined in this *plan*, of a *dependent*.

Such notice must be given to your *employer* within 60 days of either of these events.

CGP-3-MDGCC

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Federal Continuation Rights (Cont.)

Your Employer's Responsibilities	<p>Your <i>employer</i> must notify the qualified continuee, in writing, of: (a) his or her right to continue this <i>plan's</i> group dental benefits; (b) the monthly premium he or she must pay to continue such benefits; and (c) the times and manner in which such monthly payments must be made.</p> <p>Such written notice must be given to the qualified continuee within 14 days of: (a) the date a qualified continuee's group health benefits would otherwise end due to your death or your termination of employment or reduction of work hours; or (b) the date a qualified continuee notifies your <i>employer</i>, in writing, of the your legal divorce or legal separation from your spouse, or the loss of <i>dependent</i> eligibility of a <i>dependent</i>.</p>
Your Employer's Liability	<p>Your <i>employer</i> will be liable for the qualified continuee's continued group dental benefits to the same extent as, and in place of, us if: (a) he or she fails to remit a qualified continuee's timely premium payment to us on time, thereby causing the qualified continuee's continued group dental benefits to end; or (b) he or she fails to notify the qualified continuee of his or her continuation rights, as described above.</p>
Election of Continuation	<p>To continue his or her group dental benefits, the qualified continuee must give your <i>employer</i> written notice that he or she elects to continue. This must be done within 60 days of the date a qualified continuee receives notice of his or her continuation rights from your <i>employer</i> as described above. And the qualified continuee must pay his or her first month's premium in a timely manner.</p> <p>The subsequent premiums must be paid to your <i>employer</i>, by the qualified continuee, in advance, at the times and in the manner specified by your <i>employer</i>. No further notice of when premiums are due will be given.</p> <p>The monthly premium will be the total rate which would have been charged for the group health benefits had the qualified continuee stayed enrolled in the group <i>plan</i> on a regular basis. It includes any amount that would have been paid by your <i>employer</i>. Except as explained in the "Extra Continuation for Disabled Qualified Continuees" an additional charge of two percent of the total premium charge may also be required by your <i>employer</i>.</p> <p>If the qualified continuee fails to give your <i>employer</i> notice of his or her intent to continue, or fails to pay any required premiums in a timely manner, he or she waives his or her continuation rights.</p>
Grace In Payment of Premiums	<p>A qualified continuee's premium payment is timely if, with respect to the first payment after the qualified continuee elects to continue, such payment is made no later than 45 days after such election. In all other cases, such premium payment is timely if it is made within 31 days of the specified due date.</p>
When Continuation Ends	<p>A qualified continuee's continued group dental benefits end on the first of the following:</p> <p>(a) with respect to continuation upon the your termination of employment or reduction of work hours, the end of the 18 month period which starts on the date the group dental benefits would otherwise end;</p>

Federal Continuation Rights (Cont.)

- (b) with respect to a disabled qualified continuee who has elected an additional 11 months of continuation, the earlier of: (1) the end of the 29 month period which starts on the date the group health benefits would otherwise end; or (2) the first day of the month which coincides with or next follows the date which is 30 days after the date on which final determination is made that a disabled qualified continuee is no longer disabled under Title II or Title XVI of the Social Security Act;
- (c) with respect to continuation upon the your death, your legal divorce or legal separation, or the end of a *dependent's* eligibility, the end of the 36 month period which starts on the date the group dental benefits would otherwise end;
- (d) with respect to a *dependent* whose continuation is extended due to your entitlement to Medicare, the end of the 36 month period which starts on the date the group dental benefits would otherwise end;
- (e) the date the *plan* ends;
- (f) the end of the period for which the last premium payment is made;
- (g) the date he or she becomes covered under any other group dental plan which contains no limitation or exclusion with respect to any pre-existing condition of the qualified continuee; or
- (h) the date he or she becomes entitled to Medicare.

CGP-3-MDGCC2

B850.0060-R

DENTAL EXPENSE COVERAGE

This *plan* will cover many of the dental expenses incurred by *you* and those of your covered *dependents* who are covered for dental benefits under this *plan*. What we cover and the terms of coverage are explained below. All terms in italics are defined terms with special meanings. Their definitions are shown in the "Glossary" at the back of this booklet. Other terms are defined where they are used.

Managed DentalGuard - This Plan's Dental Coverage Organization

Managed DentalGuard This *plan* is designed to provide quality dental care while controlling the cost of such care. To do this, this *plan* requires *members* to seek dental care from *participating dentists* that belong to Managed DentalGuard.

Managed DentalGuard is made up of *participating dentists* in a *member's* geographic area. A "*participating dentist*" is a *dentist* that has a participation agreement in force with us.

When a *member* enrolls in this *plan*, he or she will get information about The Guardian's current *participating general dentists* and a description of the *service area*. Each *member* must select from this list of *participating general dentists* a *primary care dentist* who will be responsible for coordinating all of the *member's* dental care. After enrollment, a *member* will receive a Managed DentalGuard ID card. A *member* must present this ID card when he or she goes to his or her *primary care dentist*.

All dental services covered by this *plan* must be coordinated by the *primary care dentist* whom the *member* selects upon enrolling in this *plan*. What we cover is based on all the terms of this *plan*. Read this *plan* carefully for specific benefit levels, exclusions and limitations and *patient charges*.

You can call The Managed DentalGuard Member Services Office if *you* have any questions after reading this material.

Choice Of Providers A *member* may select any available *participating general dentist* as his or her *primary care dentist*. A request to change *primary care dentists* must be made to The Guardian. Any such change will be effective the first day of the month following approval. The Guardian may require up to 30 days to process and approve any such request. All fees and *patient charges* due to the *member's* current *primary care dentist* must be paid in full prior to such a transfer.

Specialty Referrals A *member's primary care dentist* is responsible for providing all covered services. However, special procedures may be eligible for referral to a *participating specialist dentist*. The Guardian will pay for covered services for specialty care, less any applicable *patient charges*, when such specialty services are provided in accordance with the specialty referral process described below.

ALL SPECIALTY REFERRAL SERVICES MUST BE PRE-AUTHORIZED BY THE GUARDIAN AND COORDINATED BY A MEMBER'S PRIMARY CARE DENTIST. ANY MEMBER WHO ELECTS SPECIALIST CARE WITHOUT PRIOR REFERRAL BY HIS OR HER PRIMARY CARE DENTIST AND APPROVAL BY THE GUARDIAN IS RESPONSIBLE FOR ALL CHARGES INCURRED.

Managed DentalGuard - This Plan's Dental Coverage Organization (Cont.)

In order for specialty services to be covered by this *plan*, the following referral process must be followed:

- (1) A *member's primary care dentist* must coordinate all dental care.
- (2) When the care of a *participating specialist dentist* is required, the *member's primary care dentist* must contact The Guardian and request authorization.
- (3) If the *primary care dentist's* request for specialist referral is approved, the *member* will be notified by The Guardian and instructed to contact the *participating specialist dentist* to schedule an appointment.
- (4) If the *primary care dentist's* request for specialist referral is denied, the *primary care dentist* and the *member* will be notified of the reason for the denial. If the service in question is a covered service, and no exclusions or limitations apply, the *primary care dentist* may be asked to perform the service directly, or to provide additional information.
- (5) A *member* who receives authorized specialty services is responsible for all applicable *patient charges* associated with the services provided.

When specialty dental care is authorized by The Guardian, a *member* will be referred to a *participating specialist dentist* for treatment. The Managed DentalGuard network includes *participating dentists* specializing in oral surgery, periodontics, endodontics, orthodontics and pediatric dentistry, located in the *member's service area*. If there is no *participating specialist dentist* in the *member's service area*, The Guardian will refer the *member* to a *non-participating specialist dentist* of The Guardian's choice. In no event will The Guardian pay for dental care provided to a *member* by a specialist not pre-authorized by The Guardian to provide such services.

CGP-3-MDG9

B850.0062-R

Emergency Dental Services

The Managed DentalGuard network provides for *emergency dental services* twenty-four hours a day, seven days a week, to all *members*. The *member* should contact his or her own selected and assigned *primary care dentist*, who will make arrangements for such care. *If a member* is unable to reach his or her *primary care dentist* in an emergency during normal business hours, he or she must contact The Guardian's Member Services Department for instructions. If the *member* is unable to reach his or her *primary care dentist* in an emergency after normal business hours, the *member* may seek *emergency dental services* from any licensed *dentist*. The *member* must submit to The Guardian the bill incurred as a result of the emergency, evidence of payment, an explanation of the emergency and a description of the attempts to reach his or her *primary care dentist*, within thirty (30) days. The Guardian will reimburse the *member* for the cost of the *emergency dental services*, less any applicable *patient charge*.

Managed DentalGuard - This Plan's Dental Coverage Organization (Cont.)

**Out-Of-Area
Emergency Dental
Services** If a *member* is more than fifty (50) miles from his or her selected and assigned *primary care dentist's* office, and *emergency dental services* are required, he or she should seek care from a licensed *dentist*. Then he or she must file a claim within sixty (60) days and The Guardian will reimburse him or her within thirty (30) days for any covered emergency dental services in connection therewith, up to a maximum of fifty dollars (\$50.00) per person per incident, upon presentation of a detailed statement from the treating *dentist*, indicating all of the services provided.

CGP-3-MDGEM

B850.0064-R

**Grievance
Procedures** *Member* grievances are handled by The Guardian's Quality of Care Liaison or the Quality of Care Liaison's designee. The grievance process is designed to address *member* concerns quickly and satisfactorily. Grievances are generally classified into two categories: administrative grievances and health services grievances. To be responsive to *member* problems and concerns about coverage provided under this *plan*, The Guardian has established the following grievance procedures.

- (1) Questions or concerns may be directed to The Guardian either by telephone or by mail. When *member* issues or concerns are received by telephone, The Guardian's Member Service Representative documents the call and works with the *member* to resolve the issue. If the *member* wishes to document the complaint in writing, the Quality of Care Liaison sends the *member* a grievance form to complete. The Guardian considers a grievance to be a complaint made in writing. All written member issues are recorded and investigated.
- (2) No later than five (5) business days after the receipt of the written grievance, an acknowledgment letter is sent to the *member* indicating that a review is taking place. The usual response time for a resolution is within thirty (30) days.
- (3) Under the supervision of the Quality of Care Liaison, supporting documentation is collected. The dental office may be asked to provide copies of relevant dental records and radiographs, and statements of the dental provider or office personnel. The *member* may be asked to have a second opinion examination, if applicable.
- (4) Upon receipt of complete documentation, a resolution is determined based upon objective evaluation by the Quality of Care Liaison or the Quality of Care Liaison's designee. Health services issues are resolved under the supervision of the Dental Director. Issues of a complex nature and/or quality of care issues may, at the discretion of the Dental Director, be presented to the Grievance Committee for review and resolution.

The Grievance Committee may be comprised of the Dental Director or the Dental Director's designee; the Quality of Care Liaison or the Quality of Care Liaison's designee; the Director of Provider Relations; policy and compliance representatives; legal counsel and Member Services Representatives.

Managed DentalGuard - This Plan's Dental Coverage Organization (Cont.)

(5) If the *member* is not satisfied with the resolution, he or she may request a re-evaluation. If the issue has not been reviewed by the Grievance Committee, all documentation will be given to that Committee for its evaluation at its next regularly scheduled meeting. The *member* will then be notified of the Committee's decision within ten (10) business days following the meeting.

If the *member* is not satisfied with the Grievance Committee resolution, or if the issue was initially reviewed by that Committee and the *member* requests a re-evaluation, the *member* will receive notification that the grievance, with all supporting documentation, will be presented at the next quarterly Peer Review Committee meeting. The *member* will receive a written resolution with Peer Review recommendations within ten (10) business days following the Peer Review Committee meeting.

(6) If the *member* is not satisfied with the resolution of the Peer Review Committee, he or she may make a written request that an additional review be conducted by three individuals, a "Grievance Appeals Committee." This Committee will meet within sixty (60) days of the date the appeal is made, provided that more time shall be permitted as necessary for extraordinary circumstances. The Grievance Appeal Committee will be made up of three representatives, as follows:

- (a) One representative selected by The Guardian;
- (b) One representative selected by the *member* ; and
- (c) One representative selected from the dental community, and agreed upon by both the *member* and The Guardian. This representative shall preside over the Committee.

The *member* will provide for his or her own expenses relating to the Committee process, including the expenses of the representative the *member* selects. The Guardian will pay for its expenses relating to the Committee process, including the expenses of the representative The Guardian selects. The *member* and The Guardian will share on an equal basis the expenses of the individual who presides over the Committee.

Following the decision of the Committee, the *member* and The Guardian each have the right to use the legal system or arbitration for any claim involving the professional treatment performed by the *dentist*.

CGP-3-MDGGRV

B850.0065-R

Covered Dental Services And Patient Charges - Plan 60 M

The services covered by this *plan* are named in this list. If a procedure is not on this list, it is not covered. All services must be provided by the *primary care dentist* selected by the *member*.

The *member* must pay the listed *patient charge*. The benefits we provide are subject to all of the terms of this *plan*, including the Limitations on Benefits for Specific Covered Services, Additional Conditions on Covered Services, and Exclusions.

These *patient charges* may not be valid in all states.

Codes+	Description of Service	Patient Charge
Appointments and Diagnostic Services		
0101	Office Visit - during regular hours - participating general dentist only . .	\$5.00
0102	Broken Appointment (without 24 hours' notice)	\$25.00
0120, 0140, 0150	Oral evaluation	No Charge
0460	Pulp vitality tests	No Charge
0470	Diagnostic casts	No Charge
9310	Consultation (by dentist other than practitioner providing treatment)	No Charge
9430	Office visit for observation - regular hours - no other service performed	No Charge
9440	Emergency office visit - after regularly scheduled office hours	\$50.00
Radiographs		
0210	Intraoral - complete series (including bitewings)	No Charge
0220, 0230, 0240	Intraoral - periapical or occlusal - single film	No Charge
0270, 0272, 0274	Bitewings	No Charge
0330	Panoramic film	No Charge
Preventive Services & Space Maintenance		
1110, 1120	Prophylaxis	No Charge
1201, 1203	Topical application of fluoride (may include prophylaxis) - child . .	No Charge
1310	Nutritional counseling for control of dental diseases	No Charge

Covered Dental Services And Patient Charges - Plan 60 M (Cont.)

1330	Oral hygiene instruction	No Charge
1351	Sealant - per tooth	No Charge
1510	Space maintainer - fixed - unilateral	\$25.00
1515	Space maintainer - fixed - bilateral	\$45.00
1550	Recementation of space maintainer	\$5.00

Restorative

2110	Amalgam - one surface - primary	No Charge
2120	Amalgam - two surfaces - primary	\$5.00
2130	Amalgam - three surfaces - primary	\$5.00
2131	Amalgam - four or more surfaces - primary	\$10.00
2140	Amalgam - one surface - permanent	No Charge
2150	Amalgam - two surfaces - permanent	\$5.00
2160	Amalgam - three surfaces - permanent	\$5.00
2161	Amalgam - four or more surfaces - permanent	\$10.00
2210	Silicate cement - per restoration	\$5.00
2330	Resin/composite - one surface, anterior	\$10.00
2331	Resin/composite - two surfaces, anterior	\$15.00
2332	Resin/composite - three surfaces, anterior	\$20.00
2335	Resin/composite - four or more surfaces or incisal angle, anterior . . .	\$20.00
2336	Composite resin crown, anterior - primary	\$15.00
2380	Resin/composite - one surface, posterior - primary	\$15.00
2381	Resin/composite - two surfaces, posterior - primary	\$15.00
2382	Resin/composite - three or more surfaces, posterior - primary	\$20.00
2385	Resin/composite - one surface, posterior - permanent	\$15.00
2386	Resin/composite - two surfaces, posterior - permanent	\$20.00
2387	Resin/composite - three or more surfaces, posterior - permanent . . .	\$25.00

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Covered Dental Services And Patient Charges - Plan 60 M (Cont.)

Crown, Bridge & Other Cast Restorations

2510	Inlay - metallic - one surface*	\$95.00
2520, 6520	Inlay - metallic - two surfaces*	\$115.00
2530, 6530	Inlay - metallic - three or more surfaces*	\$120.00
2543, 6543	Onlay - metallic - three surfaces*	\$125.00
2544, 6544	Onlay - metallic - four or more surfaces*	\$130.00
2702	Crown supporting existing partial denture - in addition to crown	\$125.00
2703	Multiple crown and bridge unit treatment plan - per unit	\$125.00
2740	Crown - porcelain/ceramic substrate	\$160.00
2750, 2751, 2752	Crown - porcelain fused to metal*	\$155.00
2790, 2791, 2792	Crown - full cast metal*	\$145.00
2810, 6780	Crown - 3/4 cast metallic*	\$150.00
6210, 6211, 6212	Pontic - cast metal*	\$145.00
6240, 6241, 6242	Pontic - porcelain fused to metal*	\$155.00
6750, 6751, 6752	Crown - abutment - porcelain fused to metal*	\$155.00
6790, 6791, 6792	Crown - abutment - full cast metal*	\$145.00

Other Restorative Services

2910, 2920, 6930	Recementation inlay, crown, bridge	No Charge
2930, 2931	Prefabricated stainless steel crown	\$15.00
2932	Prefabricated resin crown	\$35.00
2940	Sedative filling	No Charge
2950, 6973	Core buildup, including any pins	\$30.00
2951	Pin retention - per tooth, in addition to restoration	No Charge
2952, 6970	Cast post & core	\$45.00
2954, 6972	Prefabricated post & core	\$35.00
2960	Labial veneer (laminare) - chairside	\$65.00

Endodontics

Covered Dental Services And Patient Charges - Plan 60 M (Cont.)

3110, 3120	Pulp cap	No Charge
3220	Therapeutic pulpotomy	\$10.00
3310	Root canal - anterior	\$70.00
3320	Root canal - bicuspid	\$80.00
3330	Root canal - molar	\$140.00
3346	Root canal - retreatment - anterior	\$80.00
3347	Root canal - retreatment - bicuspid	\$95.00
3348	Root canal - retreatment - molar	\$150.00
3410	Apicoectomy/periradicular surgery - anterior	\$90.00
3421	Apicoectomy/periradicular surgery - bicuspid - first root	\$95.00
3425	Apicoectomy/periradicular surgery - molar - first root	\$100.00
3426	Apicoectomy/periradicular surgery - each additional root	\$40.00
3430	Retrograde filling - per root	\$15.00
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Periodontics

4210	Gingivectomy or gingivoplasty - per quadrant	\$60.00
4211	Gingivectomy or gingivoplasty - per tooth	\$20.00
4240	Gingival flap procedure - including root planing - per quadrant	\$105.00
4249	Clinical crown lengthening - hard tissue	\$85.00
4260	Osseous surgery - including flap entry, closure - per quadrant - five to eight teeth	\$155.00
4261	Osseous surgery - including flap entry, closure - per quadrant - one to four teeth	\$90.00
4270	Pedicle soft tissue graft procedure	\$100.00
4271	Free soft tissue graft procedure (including donor site surgery)	\$110.00
4341	Periodontal scaling & root planing - per quadrant	\$25.00
4355	Full mouth debridement to enable evaluation and diagnosis	\$15.00
4910	Periodontal maintenance procedures (following active therapy)	\$15.00

Covered Dental Services And Patient Charges - Plan 60 M (Cont.)

4920	Unscheduled dressing change (by other than treating dentist) . . .	No Charge
9951	Occlusal adjustment - limited - per visit	\$10.00
Prosthodontics (Removable)		
5110, 5120	Complete denture (including routine post delivery care)	\$175.00
5130, 5140	Immediate denture (including routine post delivery care)	\$175.00
Partial dentures (including routine post delivery care):		
5211, 5212	Resin base - including clasps, rests, teeth	\$140.00
5213, 5214	Cast metal framework with resin base - including clasps, rests, teeth	\$205.00
Repairs and adjustments:		
5410, 5411, 5421, 5422	Denture adjustments	\$10.00
5510, 5610	Repair denture base	\$10.00
5520, 5640	Replace missing or broken teeth -per tooth	\$10.00
5630	Repair or replace clasp	\$15.00
5650	Add tooth to existing partial	\$15.00
5660	Add clasp to existing partial	\$15.00
5710, 5711, 5720, 5721	Rebase denture	\$40.00
5730, 5731, 5740, 5741	Reline denture (chairside)	\$20.00
5750, 5751, 5760, 5761	Reline denture (laboratory)	\$35.00
5820, 5821	Interim partial denture (stayplate)	\$70.00
5850, 5851	Tissue conditioning	\$10.00
	CGP-3-MDGL3	B850.0110-R
Oral Surgery		
7110, 7120	Extraction - single tooth	\$5.00
7130	Root removal - exposed roots	\$10.00

Covered Dental Services And Patient Charges - Plan 60 M (Cont.)

7210	Surgical removal of erupted tooth	\$30.00
7220	Removal of impacted tooth - soft tissue	\$40.00
7230	Removal of impacted tooth - partially bony	\$55.00
7240	Removal of impacted tooth - completely bony	\$65.00
7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$70.00
7250	Surgical removal of residual tooth roots (cutting procedure)	\$30.00
7270	Tooth reimplantation and/or stabilization of accidentally evulsed tooth	\$50.00
7280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons	\$70.00
7281	Surgical exposure of impacted or unerupted tooth to aid eruption . . .	\$50.00
7285	Biopsy of oral tissue - hard	\$35.00
7286	Biopsy of oral tissue - soft	\$35.00
7310	Alveoplasty in conjunction with extractions - per quadrant	\$30.00
7320	Alveoplasty not in conjunction with extractions - per quadrant	\$35.00
7450	Removal of odontogenic cyst/tumor - up to 1.25 cm	\$45.00
7451	Removal of odontogenic cyst/tumor - over 1.25 cm	\$90.00
7470	Removal of exostosis - maxilla or mandible	\$65.00
7510	Incision & drainage of intraoral abscess	\$20.00
7960	Frenectomy (separate procedure)	\$50.00

Orthodontic Services

8601	Orthodontic evaluation and consultation	\$100.00
8602	Orthodontic treatment plan and records, including x-rays, study models and diagnostic photos	\$150.00
8070, 8080, 8090	Comprehensive orthodontic treatment, including fabrication and insertion of fixed banding appliance and periodic visits, up to 24 months	\$2200.00
8670	Periodic comprehensive orthodontic treatment visit	No Charge
8680	Orthodontic retention	\$407.00

Miscellaneous Services

Covered Dental Services And Patient Charges - Plan 60 M (Cont.)

9110 Palliative (emergency) treatment No Charge

9215 Local anesthesia No Charge

+ Covered services are subject to the plan's exclusions, limitations and plan provisions. Other codes may be used to describe covered services.

* There will be an additional patient charge for the actual cost of gold/high noble metal for these procedures.

CGP-3-MDGL4

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Additional Conditions on Covered Services

General Guidelines For Alternative Procedures

In dentistry it is not uncommon for there to be a number of accepted methods of treating a specific dental condition. In those situations in which a *member* selects an *alternative procedure* over the procedure recommended by the *primary care dentist*, the *member* will be responsible for the difference between the *primary care dentist's* usual charges for the recommended procedure and the *alternative procedure*, plus the applicable *patient charge* for the recommended procedure.

When the *primary care dentist* recommends a crown, the *alternative procedure* policy does not apply, regardless of the type of crown placed (including, but not limited to, a full metal crown, porcelain fused to metal crown or porcelain crown). The *member* is responsible for the applicable *patient charge* for the crown actually placed. The *member* will be responsible for the additional cost of high noble metal, if high noble metal is selected.

In all cases when there is more than one course of treatment available, a full disclosure of all the options must be made available to the *member* before treatment begins. It is recommended that the treatment plan be presented to the *member* in writing before treatment begins, to assure that there is no confusion over his or her financial responsibility.

Crowns, Bridges And Dentures

A crown is a covered benefit when it is recommended by the *primary care dentist*. The replacement of a crown or bridge is not covered within five (5) years of the original placement under the *plan*.

The replacement of a partial or complete denture is covered only if the existing denture cannot be made satisfactory by either reline, rebase or repair. Construction of new dentures may not exceed one (1) each in any five (5) year period from the date of previous placement under the *plan*.

The benefit for complete dentures includes all usual post- delivery care including adjustments for six months after insertion. The benefit for immediate dentures includes limited follow-up care only for six months, and does not include required future rebasing or relining procedures or a complete new denture.

Multiple Crown/Bridge Unit Treatment Fee

When a *member's* recommended treatment plan includes six (6) or more covered units of crown and/or bridge to restore teeth or replace missing teeth, the *member* will be responsible for both the usual crown or bridge *patient charge* for each unit of crown or bridge, plus an additional charge per unit shown in the Covered Dental Services and Patient Charges section.

Additional Conditions on Covered Services (Cont.)

- Crown Supporting Existing Partial Denture** If a crown is placed under an existing partial denture, and the crown must be customized to physically support the metal framework of the partial denture, the *member* will be responsible for the additional *patient charge* for a crown supporting an existing partial denture, as shown in the Covered Dental Services and Patient Charges section, in addition to the *patient charge* for the crown or bridge unit itself. The additional *patient charge* for a crown supporting an existing partial denture does not apply to a unit of crown or bridge for which the *member* is responsible for the additional charge for a multiple crown/bridge unit treatment plan.
- Pediatric Specialty Services** If during a *primary care dentist* visit, a *member* under age six (6) is unmanageable, the *member* may be referred to a *participating pediatric specialist dentist* for the current treatment plan only. Following completion of that authorized pediatric treatment plan, the *member* must return to the *primary care dentist* for further services. Subsequent referrals to the *participating pediatric specialist dentist*, if any, must first be authorized by The Guardian. Any services performed by a *pediatric specialist dentist* after the *member's* sixth birthday will not be covered, and the *member* will be responsible for the *pediatric specialist dentist's* usual charges.
- Second Opinion Consultation** A *member* may wish to consult another *dentist* for a second opinion regarding services recommended or performed by his or her *primary care dentist* or by a *participating specialist dentist* through an authorized referral. To have a second opinion consultation covered by The Guardian, the *member* must call or write Member Services for authorization prior to arranging for the second opinion. We only cover a second opinion consultation when the recommended services are otherwise covered under the *plan*.
- Generally, the Member Services Representative will help the *member* identify a *participating dentist* to perform the second opinion consultation. However, a *member* may request a second opinion with a *non-participating general dentist* or *specialist dentist*. Also, the Member Service Representative will arrange for any available records or radiographs and the necessary second opinion form to be sent to the consulting *dentist*. The *plan's* benefit for a second opinion consultation is limited to fifty dollars (\$50.00). If a *participating dentist* provides the consultation, there is no cost to the *member*. If a *non-participating dentist* provides the consultation, the *member* will be responsible for the portion of the *non-participating dentist's* fee in excess of fifty dollars (\$50.00).
- Noble And High Noble Metals** The *plan* provides for the use of noble metals for inlays, onlays, crowns and fixed bridges. When high noble metal (including "gold") is used, the *member* will be responsible for the usual *patient charge* for the inlay, onlay, crown or fixed bridge, plus an additional charge equal to the actual laboratory cost of the high noble metal.
- CGP-3-MDGGG B850.0146-R
- Orthodontic Treatment** The *plan* covers orthodontic services as listed under Covered Dental Services and Patient Charges, limited to one course of treatment per *member* per lifetime. Treatment must be preauthorized by The Guardian, and must be performed by a *participating orthodontic specialist dentist*.

Additional Conditions on Covered Services (Cont.)

The Plan covers up to 24 months of comprehensive orthodontic treatment. If treatment beyond 24 months is necessary, the *member* will be responsible for an additional charge for each additional month of treatment, based upon the *participating orthodontic specialist dentist's* contracted fee.

Orthodontic services are not covered if comprehensive treatment begins before the *member* is eligible for benefits under the *plan*. If a *member's* coverage terminates after the fixed banding appliances are inserted, the *participating orthodontist specialist dentist* will continue to honor the contracted fee arrangement in effect when the *member's* fixed banding appliances were inserted. After the termination date, the *member* will be responsible only for the usual *patient charge* for comprehensive orthodontic treatment.

After the termination date, the *member* will also be responsible for the additional monthly amount otherwise paid by the *plan*.

The benefit for the treatment plan and records includes initial records and any interim and final records. The benefit for comprehensive orthodontic treatment covers the fixed banding appliances and related visits only. Additional fixed or removable appliances will be the *member's* responsibility. The benefit for orthodontic retention covers any and all necessary fixed and removable appliances and related visits. Retention services are covered only following a course of comprehensive orthodontic treatment covered under the *plan*. Limited orthodontic treatment and interceptive (Phase I) treatment are not covered.

The *plan* does not cover any incremental charges for orthodontic appliances made with clear, ceramic, white or other optional material or lingual brackets. Any additional costs for the use of optional materials will be the *member's* responsibility.

If a *member* has orthodontic treatment associated with orthognathic surgery (a non-covered procedure involving the surgical moving of teeth), the *plan* provides its standard orthodontic benefit. The *member* will be responsible for additional charges related to the orthognathic surgery and the complexity of the orthodontic treatment. The additional charge will be based on the *participating orthodontic specialist dentist's* usual and customary charges.

CGP-3-MDGGG2

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**Limitations On
Benefits For
Specific Covered
Services**

We don't pay benefits in excess of any of the following limitations:

- Routine cleaning (prophylaxis) - two (2) in any twelve (12) month period.
- Fluoride treatment - up to the 18th birthday - two (2) in any twelve (12) month period.
- Full mouth x-rays - one (1) set in any three (3) year period unless diagnostically necessary.
- Bitewing x-rays - two (2) sets per twelve (12) month period unless diagnostically necessary.
- Panoramic x-rays - one (1) every three (3) years unless diagnostically necessary.
- Sealants - limited to molars, up to the 16th birthday - one (1) per tooth per three (3) year period.

Additional Conditions on Covered Services (Cont.)

- Gingival flap procedure (4240) or osseous surgery (4260, 4261) - one procedure per quadrant or area in any three (3) year period.
- Periodontal soft tissue graft procedure (4270, 4271) - one procedure per area in any three (3) year period.
- Periodontal scaling and root planing - one (1) service per quadrant in any twelve (12) month period.
- Periodontal maintenance procedure - following approved, active periodontal therapy (periodontal scaling and root planing or periodontal surgery) performed by a participating Periodontist, one (1) periodontal maintenance procedure by the Periodontist is covered within three (3) to six (6) months following completion of active periodontal therapy.
- Emergency Dental Services when more than fifty (50) miles from the *primary care dentist's* office - limited to a fifty dollar (\$50.00) reimbursement per incident.
- Reline of a complete or partial denture - limited to one (1) per denture during any twelve (12) month period.
- Rebase of a complete or partial denture - limited to one (1) per denture during any twelve (12) month period.
- Second opinion consultation - when approved by The Guardian, a second opinion consultation will be reimbursed up to fifty dollars (\$50.00).

CGP-3-MDGLMT

B850.0149-R

Exclusions

We won't pay for any condition for which benefits of any nature are paid, whether by adjudication or settlement, under any Workers' Compensation or Occupational Disease Law, even though the *member* fails to claim his or her rights to such benefit.

We won't pay for dental services performed in a hospital or related hospital fees.

We won't pay for treatment of congenital and/or developmental malformations. This exclusion will not apply to an otherwise covered service involving congenitally missing teeth or supernumerary teeth.

We won't pay for any histopathological examinations, or removal of tumors, cysts, neoplasms or foreign bodies that are not tooth related.

We won't pay for any oral surgery requiring the setting of a fracture or dislocation.

We won't pay for dispensing of drugs not normally supplied in a dental office for treatment of dental diseases.

We won't pay for any treatment or appliance requested, recommended or performed, which in the opinion of the *participating dentist* is not necessary for maintaining or improving the *member's* dental health, or which is solely for cosmetic purposes.

Exclusions (Cont.)

We won't pay for precision attachments, stress breakers, magnetic retention or overdenture attachments.

We won't pay for the use of general anesthesia, intramuscular sedation, intravenous sedation, or inhalation sedation, including but not limited to nitrous oxide.

We won't pay for any procedure or treatment method which does not meet professionally recognized standards of dental practice or which is considered to be experimental in nature.

We won't pay for replacement of a lost, missing, or stolen appliance or prosthesis or the fabrication of a spare appliance or prosthesis.

We won't pay for any *member* request for specialist services or treatment which can be routinely provided by the *primary care dentist*, or treatment by a specialist without referral from the *primary care dentist* and Managed DentalGuard approval.

We won't pay for treatment provided by any public program, except Medicaid, or paid for or sponsored by any government body, unless we are legally required to provide benefits.

We won't pay for any restoration, service, appliance or prosthetic device used solely to: (1) alter vertical dimension; (2) replace tooth structure lost due to attrition or abrasion; or (3) splint or stabilize teeth for periodontal reasons.

We won't pay for any service, appliance, device or modality intended to treat disturbances of the temporomandibular joint (TMJ).

We won't pay for dental services, other than covered emergency dental services, received from any dentist other than the selected and assigned *primary care dentist*, unless expressly authorized in writing by the *plan*.

We won't pay for cephalometric x-rays, except when performed as part of the orthodontic treatment plan and records for a covered course of comprehensive orthodontic treatment.

We won't pay for treatment which requires the services of a Prosthodontist.

We won't pay for treatment which requires the services of a Pediatric Specialist Dentist, after the *member's* sixth birthday.

We won't pay for consultations for non-covered services.

We won't pay for any procedure not listed as a benefit.

We won't pay for any service or procedure associated with the placement, prosthodontic restoration or maintenance of a dental implant and any incremental charges to other covered services as a result of the presence of a dental implant.

We won't pay for inlays, onlays, onlays, crowns or fixed bridges started but not completed prior to the *member's* eligibility to receive benefits under this *plan*. (Inlays, onlays, crowns and fixed bridges are considered to be started when the tooth or teeth are prepared, and completed when the final restoration is permanently cemented.)

Exclusions (Cont.)

We won't pay for root canal treatment started but not completed prior to the *member's* eligibility to receive benefits under this *plan*. (Root canal treatment is considered to be started when the pulp chamber is opened, and completed when the permanent root canal filling material is placed.)

We won't pay for inlays, onlays, crowns or fixed bridges started (as defined above) by a *non-participating dentist*. This exclusion will not apply to services that were covered under the *plan* as *emergency dental services*.

We won't pay for root canal treatment started (as defined above) by a *non-participating dentist*. This exclusion will not apply to services that were covered under the *plan* as *emergency dental services*.

We won't pay for dentures, or orthodontic treatment started prior to the *member's* eligibility to receive benefits under this *plan*. (Dentures are considered to be started when the impressions are taken. Orthodontic treatment is considered to be started when the teeth are banded.)

We won't pay for extractions performed solely to facilitate orthodontic treatment.

We won't pay for extractions of impacted teeth with no radiographic evidence of pathology. The removal of impacted teeth is not covered if performed for prophylactic reasons.

We won't pay for orthognathic surgery (moving of teeth by surgical means) and associated incremental charges.

We won't pay for procedures performed to facilitate non-covered services, including but not limited to root canal therapy to facilitate either hemisection or root amputation, and osseous surgery to facilitate either guided tissue regeneration or an osseous graft.

CGP-3-MDGEXC-FL

B850.0174-R

We won't pay for procedures, appliances or devices to guide minor tooth movement or to correct or control harmful habits.

We won't pay for any endodontic, periodontal, crown or bridge abutment procedure or appliance requested, recommended or performed for a tooth or teeth with a guarded, questionable or poor prognosis.

We won't pay for re-treatment of orthodontic cases, or changes in orthodontic treatment necessitated by any kind of accident.

We won't pay for replacement or repair of orthodontic appliances damaged due to the neglect of the Member.

CGP-3-MDGEXC2

B850.0175-R

Converting This Group Dental Insurance

Important Notice This section applies only to dental expense coverages. In this section these coverages are referred to as "group dental benefits."

Converting This Group Dental Insurance (Cont.)

If An Employee's Group Dental Benefits End	If an <i>employee's</i> group dental benefits end for any reason, he or she can obtain a converted policy. But he or she must have been insured by this <i>plan</i> for at least 3 consecutive months immediately prior to the date his or her group benefits end. The converted policy will cover the <i>employee</i> and those of his eligible <i>dependents</i> whose group dental benefits end.
If An Employee Dies While Insured	If an <i>employee</i> dies while insured, after any applicable continuation period has ended, his then insured spouse can convert. The converted policy will cover the spouse and those of the <i>employee's dependent</i> children whose group dental benefits end. If the spouse is not living, each dependent child whose group dental benefits end may convert for himself or herself.
If An Employee's Marriage Ends	If an <i>employee's</i> marriage ends by legal divorce or annulment, and if the former spouse is dependent upon the <i>employee</i> for financial support, his or her former spouse can convert. The converted policy will cover the former spouse and those of the <i>employee's dependent</i> children whose group dental benefits end.
When a Dependent Loses Eligibility	When an insured <i>dependent</i> stops being an eligible <i>dependent</i> , as defined in this <i>plan</i> , he or she may convert. The converted policy will only cover the <i>dependent</i> whose group dental benefits end.
How and When to Convert	To convert, the applicant must apply to us in writing and pay the required premium. He or she has 31 days after his group dental benefits end to do this. We don't ask for proof of insurability. The converted policy will take effect on the date the applicant's group dental benefits end. If the applicant is a minor or incompetent, the person who cares for and supports the applicant may apply for him or her.
The Converted Policy	The applicant may convert to the individual dental insurance policy we normally issue for conversion at the time he or she applies. The policy will be renewable. The converted policy will comply with the laws of the State of Florida when he or she applies.

Restrictions:

- (1) A *member* can't convert if his or her group dental benefits end because the *employee* has failed to make required payments.
- (2) A *member* can't convert if his or her discontinued coverage is replaced by similar coverage within 31 days.
- (3) A *member* can't convert if his or her coverage ends for any of the reasons listed under number (9) of the WHEN COVERAGE ENDS section of this *plan*.

CGP-3-MDG-FL-CONV

B850.0171-R

GLOSSARY

This Glossary defines the italicized terms appearing in your booklet.

Alternative Procedure means a procedure other than that recommended by the *member's primary care dentist*, but which in the opinion of the *primary care dentist* also represents an acceptable treatment approach for the *member's* dental condition.

CGP-3-MDGD1

B850.0150-R

Associated Company means a corporation or other business entity affiliated with the *employer* through common ownership of stock or assets.

CGP-3-MDGD2

B850.0151-R

Certificate of Coverage means this document issued to *you* which summarizes the essential terms of this agreement.

CGP-3-MDGD3

B850.0152-R

Dentist means any dental practitioner who: (a) is properly licensed or certified under the laws of the state where he or she practices; and (b) provides services which are within the scope of his or her license or certificate and covered by this *plan*.

CGP-3-MDGD4

B850.0153-R

Dependent means a person listed on the *employee's* enrollment form who is:

- (1) the *employee's* spouse; or
- (2) an unmarried *dependent* child of either the *employee* or the *employee's* spouse who is: (a) less than 25 years of age, or less than 25 if a full-time student, until the end of the calendar year in which the dependent reaches age 25; (b) whose principal residence is with the *employee*; and (c) is primarily *dependent* upon the *employee* or the *employee's* spouse for support and maintenance.

The term "*dependent* child" as used herein will include any stepchild, newborn child, legally adopted child, a child for whom the *employee* is a court-appointed legal guardian, or a proposed adoptive child during any waiting period prior to the formal adoption if the child is a part of the *employee's* household and is primarily dependent on the *employee* for support and maintenance. The term also includes any child for whom a court-ordered decree requires the *employee* to provide *dependent* coverage.

The term "*dependent*" will also include a handicapped or retarded child.

The term "*dependent*" also includes any newborn or legally adopted child of the *employee's* child, if the *employee's* child is considered a "*dependent*" under this *plan*.

The term "*dependent*" does not include an individual who is also covered as an *employee* for benefits under any dental plan, including this one, offered by the *employer*.

CGP-3-MDG-FL-D5

B850.0154-R

Glossary (Cont.)

Emergency Dental Services	mean only covered, bona fide emergency services which are reasonably necessary to relieve the sudden onset of severe pain, fever, swelling, serious bleeding or severe discomfort, or to prevent the imminent loss of teeth. Services related to the initial emergency condition but not required specifically to relieve pain, discomfort, bleeding or swelling or to prevent imminent tooth loss, including services performed at the emergency visit and services performed at subsequent visits, are not considered <i>emergency dental services</i> .	CGP-3-MDGD6 B850.0155-R
Employee or You	means a person who works for the <i>planholder</i> at the <i>planholder's</i> place of business and whose income is reported for tax purposes using a W-2 form, or surviving spouse who is otherwise eligible for dental coverage under the eligibility requirements of this <i>plan</i> , and who is enrolled hereunder and for whom monthly payments are made by an <i>employer</i> .	CGP-3-MDGD7 B850.0156-R
Employer or Planholder	means the employer or other entity with whom or to whom this <i>plan</i> is issued, and who agrees to collect and pay the applicable premium on behalf of all its <i>members</i> .	CGP-3-MDGD8 B850.0158-R
Member	means <i>you</i> and any of your eligible <i>dependents</i> , as defined under the eligibility requirements of this <i>plan</i> and as determined by the <i>employer</i> , who are actually enrolled in and eligible to receive benefits under this <i>plan</i> .	CGP-3-MDGD9 B850.0159-R
Non-Participating Dentist	means any <i>dentist</i> that is not under contract with The Guardian to provide dental services to <i>members</i> .	CGP-3-MDGD10 B850.0161-R
Participating General Dentist	means a licensed <i>dentist</i> under contract with The Guardian who is listed in The Guardian's directory of <i>participating dentists</i> as a general practice <i>dentist</i> , and who may be selected as a <i>primary care dentist</i> by a <i>member</i> to provide or arrange for a <i>member's</i> dental services.	CGP-3-MDGD12 B850.0162-R
Participating Specialist Dentist	means a licensed <i>dentist</i> under contract with The Guardian as an Endodontist, Pediatric Specialist Dentist, Periodontist, Oral Surgeon or Orthodontist.	CGP-3-MDGD13 B850.0163-R
Patient Charge	means the amount, if any, specified in the Covered Dental Services and Patient Charges section of this <i>policy</i> which represents the patient's portion of the cost of covered dental procedures.	CGP-3-MDGD14 B850.0164-R
Plan	means The Guardian Group plan for Dental Services described herein.	CGP-3-MDGD15 B850.0165-R

Glossary (Cont.)

Primary Care Dentist	means a <i>participating general dentist</i> selected by a <i>member</i> who is responsible for providing or arranging for a <i>member's</i> dental services.
	CGP-3-MDGD16 B850.0166-R
Service Area	means the geographic area in which The Guardian has arranged to provide for dental services for <i>members</i> .
	CGP-3-MDGD17 B850.0167-R
We, us, our and Guardian	mean The Guardian Life Insurance Company of America.
	CGP-3-MDGD18 B850.0168-R

COORDINATION OF BENEFITS

Applicability

This Coordination of Benefits provision applies when a *member* has dental coverage under more than one plan.

When a *member* has dental coverage from more than one plan, this *plan* coordinates its benefits with the benefits of all other plans so that benefits from these plans are not duplicated.

As used here:

"Plan" means any of the following that provides dental expense benefits or services:

- (1) group or blanket insurance plans;
- (2) group Blue Cross plans, group Blue Shield plans or other service or prepayment plans on a group basis;
- (3) union welfare plans, employer plans, employee benefits plans, trustee labor and management plans, or other plans for members of a group; and
- (4) Medicare or other governmental benefits, including mandatory no-fault auto insurance.

"Plan" does not include Medicaid or any other government program or coverage which we are not allowed to coordinate with by law. Plan also does not include blanket school accident-type coverage.

"This *plan*" means the part of this *plan* subject to this provision.

How This Provision Works: The Order of Benefits

We apply this provision when a *member* is covered by more than one plan. When this happens we consider each plan separately when coordinating payments.

In applying this provision, one of the plans is called the primary plan. A secondary plan is one which is not a primary plan. The primary plan pays first, ignoring all other plans. If a *member* is covered by more than one secondary plan, the following rules decide the order in which the benefits are determined in relation to each other. The benefits of each secondary plan may take into consideration the benefits of any other plan which, under the rules of this section, has its benefits determined before those of that secondary plan.

If a plan has no coordination provision, it is primary. When all plans have a coordination of benefits provision, the rules that govern which plan pays first are as follows:

- (1) A plan that covers a *member* as an *employee* pays first, the plan that covers a *member* as a *dependent* pays second;

How This Provision Works: The Order of Benefits (Cont.)

- (2) Except for *dependent* children of separated or divorced parents, the following governs which plan pays first when the *member* is a *dependent* child of an *employee* :
- (a) The plan that covers a *dependent* of an *employee* whose birthday falls earliest in the calendar year pays first. The plan that covers a *dependent* of an *employee* whose birthday falls later in the calendar year pays second. The *employee's* year of birth is ignored.
 - (b) If both parents have the same birthday, the benefits of the plan which covered the parent longer are determined before those of the other plan.
- (3) For a *dependent* child of separated or divorced parents, the following governs which plan pays first when the *member* is a *dependent* of an *employee* :
- (a) When a court order makes one parent financially responsible for the health care expenses of the *dependent* child, then that parent's plan pays first;
 - (b) If there is no such court order, then the plan of the natural parent with custody pays before the plan of the stepparent with custody; and
 - (c) The plan of the stepparent with custody pays before the plan of the natural parent without custody.
- (4) A plan that covers a *member* as an active *employee* or as a *dependent* of such *employee* pays first. A plan that covers a person as a laid-off or retired *employee* or as a *dependent* of such *employee* pays second.

If the plan that we're coordinating with does not have a similar provision for such persons, then (4) will not apply.

If rules (1), (2), (3) and (4) don't determine which plan pays first, the plan that has covered the person for the longer time pays first.

To determine the length of time a *member* has been insured under a plan, two plans will be treated as one if the *member* was eligible under the second within 24 hours after the first plan ended.

The *member's* length of time covered under one plan is measured from his or her first date of coverage under the plan. If that date is not readily available, the date the *member* first became a *member* of the group will be used.

CGP-3-MDGC0B

B850.0169-R

How This Provision Works: Coordinating Benefits

Coordination with Another Pre-Paid Dental Plan A Managed DentalGuard *member* may also be covered under another pre-paid dental plan where members pay only a fixed payment amount for each covered service.

How This Provision Works: Coordinating Benefits (Cont.)

For *primary care dentists'* services, when the *primary care dentist* participates under both pre-paid plans, the *member* will never be responsible for more than the Managed DentalGuard *patient charge*.

For *participating specialist dentists'* services, when this *plan* is primary, our benefits are paid without regard to the other coverage. When this *plan* is the secondary coverage, any payment made by the primary carrier is credited against the *patient charge*. In many cases the *member* will have no out-of-pocket expenses.

Coordination with Another Traditional or PPO Dental Plan

When a *member* is covered by this *plan* and a fee-for-service plan, the following rules will apply.

For *primary care dentists'* services, when this *plan* is the primary plan, the *primary care dentist* submits a claim to the secondary plan for the *patient charge* amount. Any payment made by the secondary carrier must be deducted from the *member's* payment.

For *primary care dentists'* services, when this *plan* is the secondary plan, the *primary care dentist* submits a claim to the primary plan for his or her usual or contracted fee. The primary plan's payment is then credited against the *patient charge*, reducing the *member's* out-of-pocket expense.

For Specialist Dentists' services, when this *plan* is the primary plan, our benefits are paid without regard to the other coverage.

For Specialist Dentists' services, when this *plan* is the secondary plan, any payment made by the primary carrier is credited against the *patient charge*, reducing the *member's* out-of-pocket expense.

Our Right To Certain Information

In order to coordinate benefits, we need certain information. A *member* must supply us with as much of that information as he or she can. If he or she can't give us all the information we need, we have the right to get this information from any source. If another insurer needs information to apply its coordination provision, we have the right to give that insurer such information. If we give or get information under this section, we can't be held liable for such action except as required by law.

When payments that should have been made by this *plan* have been made by another plan, we have the right to repay that plan. If we do so, we're no longer liable for that amount. If we pay out more than we should have, we have the right to recover the excess payment.

CGP-MDGC0B2

B850.0170-R

CERTIFICATE OF COVERAGE

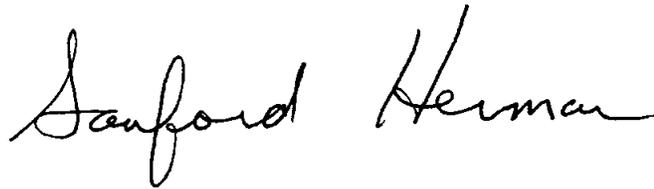
The Guardian

*7 Hanover Square
New York, New York 10004*

We, The Guardian, certify that the employee named below is entitled to the insurance benefits provided by The Guardian described in this certificate, provided the eligibility and effective date requirements of the plan are satisfied.

Group Policy No.	Certificate No.	Effective Date
Issued To		

This CERTIFICATE OF COVERAGE replaces any CERTIFICATE OF COVERAGE previously issued under the above Plan or under any other Plan providing similar or identical benefits issued to the Planholder by The Guardian.



Vice President, Group Pricing & Standards

CGP-3-R-STK-90-3

B110.0023-R

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GENERAL PROVISIONS

As used in this booklet:

"Covered person" means an *employee* or a dependent insured by this *plan*.

"Employer" means the *employer* who purchased this *plan*.

"Our," "The Guardian," "us" and "we" mean The Guardian Life Insurance Company of America.

"Plan" means the Guardian *plan* of group insurance purchased by your *employer*.

"You" and "your" mean an *employee* insured by this *plan*.

CGP-3-R-GENPRO-90

B160.0012-R

Limitation of Authority

No person, except by a writing signed by the President, a Vice President or a Secretary of The Guardian, has the authority to act for us to: (a) determine whether any contract, plan or certificate of insurance is to be issued; (b) waive or alter any provisions of any insurance contract or plan, or any requirements of The Guardian; (c) bind us by any statement or promise relating to any insurance contract issued or to be issued; or (d) accept any information or representation which is not in a signed application.

CGP-3-R-LOA-90

B160.0004-R

Incontestability

This *plan* is incontestable after two years from its date of issue, except for non-payment of premiums.

No statement in any application, except a fraudulent statement, made by a person insured under this *plan* shall be used in contesting the validity of his insurance or in denying a claim for a loss incurred, or for a disability which starts, after such insurance has been in force for two years during his lifetime.

If this *plan* replaces a plan your *employer* had with another insurer, we may rescind the *employer's plan* based on misrepresentations made by the *employer* or an *employee* in a signed application for up to two years from the effective date of this *plan*.

CGP-3-R-INCY-90

B160.0003-R

Dental Claims Provisions

Your right to make a claim for any dental benefits provided by this *plan*, is governed as follows:

Dental Claims Provisions (Cont.)

- Notice** You must send us written notice of an *injury* or *sickness* for which a claim is being made within 20 days of the date the *injury* occurs or the *sickness* starts. This notice should include your name and *plan* number. If the claim is being made for one of your *covered dependents*, his or her name should also be noted.
- Proof of Loss** We'll furnish you with forms for filing proof of loss within 15 days of receipt of notice. But if we don't furnish the forms on time, we'll accept a written description and adequate documentation of the *injury* or *sickness* that is the basis of the claim as proof of loss. You must detail the nature and extent of the loss for which the claim is being made. You must send us written proof within 90 days of the loss.
- Late Notice of Proof** We won't void or reduce your claim if you can't send us notice and proof of loss within the required time. But you must send us notice and proof as soon as reasonably possible.
- Payment of Benefits** We'll pay all dental benefits to which you're entitled as soon as we receive written proof of loss.
- We pay all dental benefits to you, if you're living. If you're not living, we have the right to pay all dental benefits to one of the following: (a) your estate; (b) your spouse; (c) your parents; (d) your children; (e) your brothers and sisters; and (f) any unpaid provider of health care services.
- When you file proof of loss, you may direct us, in writing, to pay dental benefits to the recognized provider of health care who provided the covered service for which benefits became payable. We may honor such direction at our option. But we can't tell you that a particular provider must provide such care. And you may not assign your right to take legal action under this *plan* to such provider.
- Limitations of Actions** You can't bring a legal action against this *plan* until 60 days from the date you file proof of loss. And you can't bring legal action against this *plan* after three years from the date you file proof of loss.
- Workers' Compensation** The dental benefits provided by this *plan* are not in place of, and do not affect requirements for coverage by Workers' Compensation.

CGP-3-R-AHC-90

B160.0058-R

An Important Notice About Continuation Rights

The following "Federal Continuation Rights" section may not apply to the employer's plan. The employee must contact his employer to find out if: (a) the employer is subject to the "Federal Continuation Rights" section, and therefore; (b) the section applies to the employee.

CGP-3-R-NCC-87

B240.0064-R

YOUR CONTINUATION RIGHTS

Federal Continuation Rights

Important Notice This section applies only to any dental benefits. In this section, these coverages are referred to as "group dental benefits."

This section does not apply to any coverages which apply to loss of life, or to loss of income due to disability. These coverages can not be continued under this section.

Under this section, "qualified continuee" means any person who, on the day before any event which would qualify him or her for continuation under this section, is covered for group dental benefits under this plan as: (a) an active, covered employee; (b) the spouse of an active covered employee; or (c) the dependent child of an active, covered employee. A child born to, or adopted by, the covered employee during a continuation period is also a qualified continuee. Any other person who becomes covered under this plan during a continuation provided by this section is not a qualified continuee.

Conversion Continuing the group dental benefits does not stop a qualified continuee from converting some of these benefits when continuation ends. But, conversion will be based on any applicable conversion privilege provisions of this plan in force at the time the continuation ends.

If Your Group Dental Benefits End If your group dental benefits end due to your termination of employment or reduction of work hours, you may elect to continue such benefits for up to 18 months, if you were not terminated due to gross misconduct.

The continuation: (a) may cover you or any other qualified continuee; and (b) is subject to "When Continuation Ends".

Extra Continuation for Disabled Qualified Continuees If a qualified continuee is determined to be disabled under Title II or Title XVI of the Social Security Act on or during the first 60 days after the date his or her group dental benefits would otherwise end due to your termination of employment or reduction of work hours, he or she or any member of that person's family who is a qualified continuee may elect to extend his or her 18 month continuation period explained above for up to an extra 11 months.

To elect the extra 11 months of continuation, a qualified continuee must give your employer written proof of Social Security's determination of the disabled qualified continuee's disability before the earlier of: (a) the end of the 18 month continuation period; or (b) 60 days after the date the qualified continuee is determined to be disabled. If, during this extra 11 month continuation period, the qualified continuee is determined to be no longer disabled under the Social Security Act, he or she must notify your employer within 30 days of such determination, and continuation will end, as explained in "When Continuation Ends."

This extra 11 month continuation is subject to "When Continuation Ends".

An additional 50% of the total premium charge also may be required from all qualified continuees who are members of the disabled qualified continuee's family by your employer during this extra 11 month continuation period, provided the disabled qualified continuee has extended coverage.

Federal Continuation Rights (Cont.)

- Special Continuance for Retired Employees and their Dependents**
- If your group dental benefits end due to a bankruptcy proceeding under Title 11 of the United States Code involving the employer, you may elect to continue such benefits, provided that:
- (a) you are or become a retired employee on or before the date group dental benefits end; and
 - (b) you and your dependents were covered for group dental benefits under this plan on the day before the bankruptcy proceeding under Title 11 of the United States Code.

The continuation can last for your lifetime. After your death, the continuation period for a dependent can last for up to 36 months.

For purposes of this special continuance, a substantial elimination of coverage for you and your dependents within one year before or after the start of such proceeding will be considered loss of coverage.

If you die before the bankruptcy proceeding under Title 11 of the United States Code, your surviving spouse and dependent children may elect to continue group dental benefits on their own behalf, provided they were covered on the day before such proceedings. The continuation can last for your surviving spouse's lifetime.

This special continuance starts on the later of: (a) the date of the proceeding under Title 11; or (b) the day after the date group dental benefits would have ended. It ends as described in "When Continuation Ends", except that a person's entitlement to Medicare will not end such continuance.

CGP-3-R-COBRA-96-1

B235.0092-R

- If You Die While Insured**
- If you die while insured, any qualified continuee whose group dental benefits would otherwise end may elect to continue such benefits. The continuation can last for up to 36 months, subject to "When Continuation Ends".

CGP-3-R-COBRA-96-2

B235.0075-R

- If Your Marriage Ends**
- If your marriage ends due to legal divorce or legal separation, any qualified continuee whose group dental benefits would otherwise end may elect to continue such benefits. The continuation can last for up to 36 months, subject to "When Continuation Ends".

- If a Dependent Child Loses Eligibility**
- If a dependent child's group dental benefits end due to his or her loss of dependent eligibility as defined in this plan, other than your coverage ending, he or she may elect to continue such benefits. However, such dependent child must be a qualified continuee. The continuation can last for up to 36 months, subject to "When Continuation Ends".

- Concurrent Continuations**
- If a dependent elects to continue his or her group dental benefits due to your termination of employment or reduction of work hours, the dependent may elect to extend his or her 18 month or 29 month continuation period to up to 36 months, if during the 18 month or 29 month continuation period, either:
- (a) the dependent becomes eligible for 36 months of continuation due to any of the reasons stated above; or
 - (b) you become entitled to Medicare.

The 36 month continuation period starts on the date the 18 month continuation period started, and the two continuation periods will be deemed to have run concurrently.

Federal Continuation Rights (Cont.)

Special Medicare Rule If you become entitled to Medicare before a termination of employment or reduction of work hours, a special rule applies for a dependent. The continuation period for a dependent, after your later termination of employment or reduction of work hours, will be the longer of: (a) 18 months (29 months if there is a disability extension) from your termination of employment or reduction of work hours; or (b) 36 months from the date of your earlier entitlement to Medicare. If Medicare entitlement occurs more than 18 months before termination of employment or reduction of work hours, this special Medicare rule does not apply.

The Qualified Continuee's Responsibilities A person eligible for continuation under this section must notify your employer, in writing, of: (a) your legal divorce or legal separation from your spouse; or (b) the loss of dependent eligibility, as defined in this plan, of an insured dependent child.

Such notice must be given to your employer within 60 days of either of these events.

CGP-3-R-COBRA-96-3

B235.0097-R

Your Employer's Responsibilities Your employer must notify the qualified continuee, in writing, of: (a) his or her right to continue this plan's group dental benefits; (b) the premium he or she must pay to continue such benefits; and (c) the times and manner in which such payments must be made.

Such written notice must be given to the qualified continuee within 14 days of: (a) the date a qualified continuee's group dental benefits would otherwise end due to your death or your termination of employment or reduction of work hours; (b) the date a qualified continuee notifies your employer, in writing, of your legal divorce or legal separation from your spouse, or the loss of dependent eligibility of an insured dependent child; or (c) the date your employer declares bankruptcy under Title 11 of the United States Code.

Your Employer's Liability Your employer will be liable for the qualified continuee's continued group dental benefits to the same extent as, and in place of, us, if: (a) he or she fails to remit a qualified continuee's timely premium payment to us on time, thereby causing the qualified continuee's continued group dental benefits to end; or (b) he or she fails to notify the qualified continuee of his or her continuation rights, as described above.

Election of Continuation To continue his or her group dental benefits, the qualified continuee must give your employer written notice that he or she elects to continue. This must be done by the later of: (a) 60 days from the date a qualified continuee receives notice of his or her continuation rights from your employer as described above; or (b) the date coverage would otherwise end. And the qualified continuee must pay his or her first premium in a timely manner.

The subsequent premiums must be paid to your employer, by the qualified continuee, in advance, at the times and in the manner specified by your employer. No further notice of when premiums are due will be given.

Federal Continuation Rights (Cont.)

The premium will be the total rate which would have been charged for the group dental benefits had the qualified continuee stayed insured under the group plan on a regular basis. It includes any amount that would have been paid by your employer. Except as explained in "Extra Continuation for Disabled Qualified Continuees", an additional charge of two percent of the total premium charge may also be required by your employer.

If the qualified continuee fails to give your employer notice of his or her intent to continue, or fails to pay any required premiums in a timely manner, he or she waives his or her continuation rights.

Grace in Payment of Premiums A qualified continuee's premium payment is timely if, with respect to the first payment after the qualified continuee elects to continue, such payment is made no later than 45 days after such election. In all other cases, such premium payment is timely if it is made within 31 days of the specified due date. If timely payment is made to the plan in an amount that is not significantly less than the amount the plan requires to be paid for the period of coverage, then the amount paid is deemed to satisfy the requirement for the premium that must be paid; unless your employer notifies the qualified continuee of the amount of the deficiency and grants an additional 30 days for payment of the deficiency to be made. Payment is calculated to be made on the date on which it is sent to your employer.

When Continuation Ends A qualified continuee's continued group dental benefits end on the first of the following:

- (1) with respect to continuation upon your termination of employment or reduction of work hours, the end of the 18 month period which starts on the date the group dental benefits would otherwise end;
- (2) with respect to a qualified continuee who has an additional 11 months of continuation due to disability, the earlier of: (a) the end of the 29 month period which starts on the date the group dental benefits would otherwise end; or (b) the first day of the month which coincides with or next follows the date which is 30 days after the date on which a final determination is made that the disabled qualified continuee is no longer disabled under Title II or Title XVI of the Social Security Act;
- (3) with respect to continuation upon your death, your legal divorce, or legal separation, or the end of an insured dependent's eligibility, the end of the 36 month period which starts on the date the group dental benefits would otherwise end;
- (4) with respect to a dependent whose continuation is extended due to your entitlement to Medicare while the dependent is on continuation, the end of the 36 month period which starts on the date the group dental benefits would otherwise end;
- (5) the date the employer ceases to provide any group dental plan to any employee;
- (6) the end of the period for which the last premium payment is made;

Federal Continuation Rights (Cont.)

- (7) the date, after the date of election, he or she becomes covered under any other group dental plan which does not contain any pre-existing condition exclusion or limitation affecting him or her; or
- (8) the date, after the date of election, he or she becomes entitled to Medicare.

CGP-3-R-COBRA-96-4

B235.0099-R

ELIGIBILITY FOR DENTAL COVERAGE

B489.0002-R

Employee Coverage

Eligible Employees To be eligible for *employee* coverage you must be an active *full-time employee* or a *qualified retiree*. And you must belong to a class of *employees* covered by this *plan*.

Other Conditions If you must pay all or part of the cost of *employee* coverage, we won't insure you until you enroll and agree to make the required payments. If you do this: (a) more than 31 days after you first become eligible; or (b) after you previously had coverage which ended because you failed to make a required payment, we consider you to be a late entrant.

If you initially waived dental coverage under this *plan* because you were covered under another group *plan*, and you now elect to enroll in the dental coverage under this *plan*, the Penalty for Late Entrants provision will not apply to you with regard to dental coverage provided your coverage under the other *plan* ends due to one of the following events: (a) termination of your spouse's employment; (b) loss of eligibility under your spouse's *plan*; (c) divorce; (d) death of your spouse; or (e) termination of the other *plan*.

But you must enroll in the dental coverage under this *plan* within 30 days of the date that any of the events described above occur.

CGP-3-EC-90-1.0

B489.0123-R

Dental Plan Election Procedures Since Managed DentalGuard is offered to you as an alternative to this dental coverage, you may change your election, and enroll in Managed DentalGuard as follows.

If you drop your coverage under this *plan*, at any time other than during an open enrollment period, you may not enroll in Managed DentalGuard until the open enrollment period which starts at least 12 months after the date coverage is dropped.

If you remain covered under this plan, you may change your election, and enroll in Managed DentalGuard during an open enrollment period. Your coverage under this *plan* ends on the date coverage under Managed DentalGuard begins.

An "open enrollment period" is a 30 day period occurring once every 12 months after this plan's effective date, or at time intervals agreed upon by the *employer* and us.

If you change your election, your covered dependents will automatically be switched to Managed DentalGuard at the same time as you.

CGP-3-EC-90-1.0

B489.0137-R

Employee Coverage (Cont.)

When Your Coverage Starts

Employee benefits are scheduled to start on your effective date.

But you must be actively at work on a *full-time* basis unless you are a *qualified retiree*, on the scheduled effective date. And you must have met all of the applicable conditions explained above, and any applicable waiting period. If you are an active *full-time employee* and are not actively at work on the date your insurance is scheduled to start, we will postpone your coverage until the date you return to active *full-time* work.

If you are a *qualified retiree*, you can not be confined in a health care facility on the scheduled effective date of coverage. If you are confined on that date, we will postpone your coverage until the day after you are discharged. And you must also have met all of the applicable conditions of eligibility and any applicable waiting period in order for coverage to start.

Sometimes, your effective date is not a regularly scheduled work day. But coverage will still start on that date if you were actively at work on a *full-time* basis on your last regularly scheduled work day.

CGP-3-EC-90-2.0

B489.0067-R

When Your Coverage Ends

If you are an active *full-time employee*, your coverage ends on the last day of the month in which your active *full-time* service ends for any reason, other than disability. Such reasons include retirement (except for *qualified retirees*), layoff, leave of absence and the end of employment.

Your coverage ends on the date you die.

It also ends on the date you stop being a member of a class of *employees* eligible for insurance under this *plan*, or when this *plan* ends for all *employees*. And it ends when this *plan* is changed so that benefits for the class of *employees* to which you belong ends.

If you are required to pay all or part of the cost of this coverage and you fail to do so, your coverage ends. It ends on the last day of the period for which you made the required payments, unless coverage ends earlier for other reasons.

Read this booklet carefully if your coverage ends. You may have the right to continue certain group benefits for a limited time.

CGP-3-EC-90-3.0

B489.0077-R

Continuation During A Family Leave Of Absence

This section may not apply to an *employer's plan*. You must contact your *employer* to find out if:

- the *employer* must allow for a leave of absence under Federal Law, in which case;
- the section applies to you.

Employee Coverage (Cont.)

Group insurance may end for you because you cease *full-time* work due to an approved leave of absence. Such leave of absence must have been granted to allow you to care for a seriously ill spouse, child or parent, or after the birth or adoption of a child, or due to your own serious health condition. If so, your group insurance will be continued. You will be required to pay the same share of the premium as before the leave of absence.

Insurance may continue until the earliest of: (a) the date you return to *full-time* work; (b) the end of a total leave period of 12 weeks in any 12 month period; (c) the date on which your coverage would have ended had you not been on leave; or (d) the end of the period for which the premium has been paid.

CGP-3-EC-90-3.0

B449.0036-R

Dependent Coverage

B200.0271-R

Eligible Dependents For Dependent Dental Benefits An employee's eligible dependents are: (a) his legal spouse; (b) his unmarried dependent children, until the end of the calendar year in which the dependent reaches the age 25.

An adopted child is covered for dental benefits from: (a) the date the child is placed in the home; or (b) from birth, in the event that the employee has made an adoption agreement before the child's birth. If the child is added at birth, all of this plan's provisions regarding newborn children will apply to the adopted child.

CGP-3-DEP-90-2.0

B200.0507-R

Adopted Children And Step-Children Your "unmarried dependent children" include your legally adopted children and, if they depend on you for most of their support and maintenance, your step-children. We treat a child as legally adopted from the time the child is placed in your home for the purpose of adoption. We treat such a child this way whether or not a final adoption order is ever issued.

Dependents Not Eligible We exclude any dependent who is insured by this *plan* as an *employee*. And we exclude any dependent who is on active duty in any armed force.

CGP-3-DEP-90-3.0

B264.0007-R

Handicapped Children You may have an unmarried child with a mental or physical handicap, or developmental disability, who can't support himself or herself. Subject to all of the terms of this coverage and the *plan*, such a child may stay eligible for dependent benefits past this coverage's age limit.

The child will stay eligible as long as he or she stays unmarried and unable to support himself or herself, if: (a) his or her conditions started before he or she reached this coverage's age limit; (b) he or she became insured by this coverage before he or she reached the age limit, and stayed continuously insured until he or she reached such limit; and (c) he or she depends on you for most of his or her support and maintenance.

Dependent Coverage (Cont.)

If a claim submitted on behalf of the child is denied because the child has reached the limiting age, you must submit proof that: (a) the child's condition started before he or she reached this coverage's age limit; (b) the child became insured by this coverage before he or she reached the age limit, and stayed continuously insured until he or she reached such limit; and (c) the child depends on you for most of his or her support and maintenance.

The child's coverage ends when yours does.

CGP-3-DEP-90-4.0

B449.0039-R

Waiver Of Dental Late Entrants Penalty

If you initially waived dental coverage for your spouse or eligible dependent children under this plan because they were covered under another group plan, and you now elect to enroll them in the dental coverage under this plan, the Penalty for Late Entrants provision will not apply to them with regard to dental coverage provided their coverage under the other plan ends due to one of the following events: (a) termination of your spouse's employment; (b) loss of eligibility under your spouse's plan; (c) divorce; (d) death of your spouse; or (e) termination of the other plan.

But you must enroll your spouse or eligible dependent children in the dental coverage under this plan within 30 days of the date that any of the events described above occur.

In addition, the Penalty for Late Entrants provision for dental coverage will not apply to your spouse or eligible dependent children if: (a) you are under legal obligation to provide dental coverage due to a court-order; and (b) you enroll them in the dental coverage under this plan within 30 days of the issuance of the court-order.

CGP-3-DEP-90-5.0

B200.0749-R

When Dependent Coverage Starts

In order for your dependent coverage to begin you must already be insured for employee coverage or enroll for employee and dependent coverage at the same time. Subject to the "Exception" stated below and to all of the terms of this *plan*, the date your dependent coverage starts depends on when you elect to enroll your *initial dependents* and agree to make any required payments.

If you do this on or before your *eligibility date*, the dependent's coverage is scheduled to start on the later of the first of the month which coincides with or next follows your *eligibility date* and the date you become insured for employee coverage.

If you do this within the *enrollment period*, the coverage is scheduled to start on the later of the first of the month which coincides with or next follows the date you sign the enrollment form; and the date you become insured for employee coverage.

If you do this after the *enrollment period* ends, each of your *initial dependents* is a late entrant and is subject to any applicable late entrant penalties. The dependent's coverage is scheduled to start on the first of the month which coincides with or next follows the date you sign the enrollment form.

Once you have dependent coverage for your *initial dependents*, you must notify us when you acquire any new dependents and agree to make any additional payments required for their coverage.

Dependent Coverage (Cont.)

If you do this within 31 days of the date the *newly acquired dependent* becomes eligible, the dependent's coverage will start on the date the dependent first becomes eligible. If you fail to notify us on time, the *newly acquired dependent*, when enrolled, is a late entrant and is subject to any applicable late entrant penalties. The late entrant's coverage is scheduled to start on the date you sign the enrollment form.

CGP-3-DEP-90-6.0

B489.0055-R

Exception If a dependent, other than a newborn child, is confined to a *hospital* or other health care facility; or is home-confined; or is unable to carry out the normal activities of someone of like age and sex on the date his dependent benefits would otherwise start, we will postpone the effective date of such benefits until the day after his discharge from such facility; until home confinement ends; or until he resumes the normal activities of someone of like age and sex.

CGP-3-DEP-90-7.0

B200.0692-R

Coverage For Newborn Children We cover your newborn child, subject to the conditions below, for dependent benefits starting from the moment of birth.

We also cover a newborn child of an insured family member (other than your spouse) from the moment of birth until the earlier of: (a) the date you are no longer insured under this coverage; or (b) the end of eighteen months, starting from the moment of such child's birth.

You must notify us of the birth of the child within 31 days after the birth; and we will notify you of any additional premium that is required. If you provide us notice of the birth of the child within 31 days of the date of birth, no premium will be charged for the first 31 days of coverage. If you do not provide this notice within that 31 day period, premium will be charged from the date of birth.

Coverage For Adopted Children We cover your adopted child for dependent benefits from the date of adoption or the date of placement in your home for the purpose of adoption, whichever comes first. You must notify us of the intent to adopt a child. In the case of a newborn child to be adopted, we cover the child from the moment of birth but only if a written agreement to adopt such child has been entered into by you prior to the birth of the child. A copy of the agreement must be sent to us prior to the child's birth, or as soon thereafter as is reasonably possible.

Upon receipt of such notice or agreement, we will notify you of any additional premium required for such child's coverage. Premium, if any, will be charged from the date of adoption, or the date of placement for the purpose of adoption, whichever comes first. With respect to a newborn child to be adopted in accord with a written agreement, premium, if any, will be charged from the date of birth.

You have 31 days from the date of notification to pay the additional premium. The child's coverage will end if you don't pay the additional premium within 31 days. Coverage also ends if the child is ultimately not placed in your home.

We consider an adopted child, newborn or otherwise, to be a newborn child for purposes of benefits provided.

Dependent Coverage (Cont.)

Coverage For Foster Children We cover your foster child or other child in court-ordered temporary or other custody of you for dependent benefits starting from the date of placement in your home. You must give us written notice within 31 days of the date of placement.

We will then notify you of any additional premium you must pay. And, you must pay the additional premium, if any, within 31 days from the date of notification to pay the additional premium. Premium, if any, will be charged from the date of placement. The child's coverage will end if you do not pay the additional premium within that 31 day period. Coverage also ends when the foster child is no longer in the custody of you.

CGP-3-DEP-90-8.0

B489.0028-R

When Dependent Coverage Ends Dependent coverage ends for all of your dependents when your coverage ends. But if you die while insured, we'll automatically continue dependent benefits for those of your dependents who were insured when you died. We'll do this for six months at no cost, provided: (a) the group plan remains in force; (b) the dependents remain *eligible dependents*; and (c) in the case of a spouse, the spouse does not remarry.

If a surviving dependent elects to continue his or her dependent benefits under this *plan's* "Federal Continuation Rights" provision, or under any other continuation provision of this *plan*, if any, this free continuation period will be provided as the first six months of such continuation. Premiums required to be paid by, or on behalf of a surviving dependent will be waived for the first six months of continuation, subject to restrictions (a), (b) and (c) above. After the first six months of continuation, the remainder of the continuation period, if any, will be subject to the premium requirements, and all of the terms of the "Federal Continuation Rights" or other continuation provisions.

Dependent coverage also ends for all of your dependents when you stop being a member of a class of *employees* eligible for such coverage. And it ends when this *plan* ends, or when dependent coverage is dropped from this *plan* for all *employees* or for an *employee's* class.

If you are required to pay all or part of the cost of dependent coverage, and you fail to do so, your dependent coverage ends. It ends on the last day of the period for which you made the required payments, unless coverage ends earlier for other reasons.

An individual dependent's coverage ends when he or she stops being an *eligible dependent*. This happens to a child at 12:01 a.m. on the date the child attains this coverage's age limit, when he or she marries, or when a step-child is no longer dependent on you for support and maintenance. It happens to a spouse when a marriage ends in legal divorce or annulment.

Read this *plan* carefully if dependent coverage ends for any reason. Dependents may have the right to continue certain group benefits for a limited time.

CGP-3-DEP-90-9.0

B489.0048-R

DENTAL HIGHLIGHTS

This page provides a quick guide to some of the Dental Expense Insurance *plan* features which people most often want to know about. But it's not a complete description of your Dental Expense Insurance *plan*. Read the following pages carefully for a complete explanation of what we pay, limit and exclude.

- **Benefit Year Cash Deductible for Non-Orthodontic Services** . . . None
B497.0067-R

- **Payment Rates:**
 - For Group I Services 100%
 - For Group II Services 100%
 - For Group III Services 60%
 - For Group IV Services 60%
- B497.0086-R

- **Benefit Year Payment Limit for Non-Orthodontic Services**
 - For Group I, II and III Services Up to \$1,500.00

- **Lifetime Payment Limit for Orthodontic Treatment**
 - For Group IV Services Up to \$2,500.00
- CGP-3-DENT-HL-90 B497.0105-R

IMPORTANT NOTICE

Should you have any questions regarding this insurance, you may contact The Guardian Life Insurance Company at:

The Guardian Sales Office
Cambridge Executive Center, Suite 902
899 West Cypress Creek Road
Fort Lauderdale, Florida 33309
Telephone: (954) 776-9804
(800) 374-4753
Fax: (954) 351-0247

CGP-3-DENT-HL-90 B497.0105-R

DENTAL EXPENSE INSURANCE

This insurance will pay many of a *covered person's* dental expenses. *We* pay benefits for covered charges incurred by a *covered person*. What *we* pay and terms for payment are explained below.

CGP-3-DG2000

B498.0007-R

Covered Charges

Covered charges are reasonable and customary charges for the dental services named in this *plan's* List of Covered Dental Services. To be covered by this *plan*, a service must be: (a) necessary; (b) appropriate for a given condition; and (c) included in the List of Covered Dental Services.

We may use the professional review of a *dentist* to determine the appropriate benefit for a dental procedure or course of treatment.

By reasonable, *we* mean the charge is the *dentist's* usual charge for the service furnished. By customary, *we* mean the charge made for the given dental condition isn't more than the usual charge made by most other *dentists*. But, in no event will the covered charge be greater than the 90th percentile of the prevailing fee data for a particular service in a geographic area.

When certain comprehensive dental procedures are performed, other less extensive procedures may be performed prior to, at the same time or at a later date. For benefit purposes under this *plan*, these less extensive procedures are considered to be part of the more comprehensive procedure. Even if the *dentist* submits separate bills, the total benefit payable for all related charges will be limited to the maximum benefit payable for the more comprehensive procedure. For example, osseous surgery includes the procedure scaling and root planing. If the scaling and root planing is performed one or two weeks prior to the osseous surgery, *we* may only pay benefits for the osseous surgery.

We only pay benefits for covered charges incurred by a *covered person* while he or she is insured by this *plan*. A covered charge for a crown, bridge or cast restoration is incurred on the date the tooth is initially prepared. A covered charge for any other *dental prosthesis* is incurred on the date the first master impression is made. A covered charge for root canal treatment is incurred on the date the pulp chamber is opened. A covered charge for *orthodontic treatment* is incurred on the date the *active orthodontic appliance* is first placed. All other covered charges are incurred on the date the services are furnished. If a service is started while a *covered person* is insured, *we'll* only pay benefits for services which are completed within 31 days of the date his or her coverage under this *plan* ends.

CGP-3-DGY2K-CC

B498.0242-R

Alternate Treatment

If more than one type of service can be used to treat a dental condition, we have the right to base benefits on the least expensive service which is within the range of professionally accepted standards of dental practice as determined by us. For example, in the case of bilateral multiple adjacent teeth, or multiple missing teeth in both quadrants of an arch, the benefit will be based on a removable partial denture. In the case of a composite filling on a *posterior tooth*, the benefit will be based on the corresponding amalgam filling benefit.

Proof Of Claim

So that we may pay benefits accurately, the *covered person* or his or her *dentist* must provide us with information that is acceptable to us. This information may, at our discretion, consist of radiographs, study models, periodontal charting, narratives or other diagnostic materials that document *proof of claim* and support the necessity of the proposed treatment. If we don't receive the necessary information, we may pay no benefits, or minimum benefits. However, if we receive the necessary information within 15 months of the date of service, we will redetermine the *covered person's* benefits based on the new information.

CGP-3-DGY2K-AT

B498.0002-R

Pre-Treatment Review

When the expected cost of a proposed course of treatment is \$300.00 or more, the *covered person's dentist* should send us a treatment plan before he or she starts. This must be done on a form acceptable to *Guardian*. The treatment plan must include: (a) a list of the services to be done, using the American Dental Association Nomenclature and codes; (b) the itemized cost of each service; and (c) the estimated length of treatment. In order to evaluate the treatment plan, dental radiographs, study models and whatever else will document the necessity of the proposed course of treatment, must be sent to us.

A treatment plan should always be sent to us before orthodontic treatment starts.

We review the treatment plan and estimate what we will pay. We will send the estimate to the covered person and/or the covered person's dentist. If the treatment plan is not consistent with accepted standards of dental practice, or if one is not sent to us, we have the right to base our benefit payments on treatment appropriate to the covered person's condition using accepted standards of dental practice.

The covered person and his or her dentist have the opportunity to have services or a treatment plan reviewed before treatment begins. Pre-treatment review is not a guarantee of what we will pay. It tells the covered person, and his or her dentist, in advance, what we would pay for the covered dental services listed in the treatment plan. But, payment is conditioned on: (a) the services being performed as proposed and while the covered person is insured; and (b) the deductible, payment rate and payment limits provisions, and all of the other terms of this plan.

Pre-Treatment Review (Cont.)

Emergency treatment, oral examinations, evaluations, dental radiographs and teeth cleaning are part of a course of treatment, but may be done before the pre-treatment review is made.

We won't deny or reduce benefits if pre-treatment review is not done. But what we pay will be based on the availability and submission of proof of claim.

CGP-3-DGY2K-PTR

B498.0003-R

Benefits From Other Sources

Other plans may furnish benefits similar to the benefits provided by this *plan*. For instance, you may be covered by this *plan* and a similar plan through your spouse's employer. You may also be covered by this *plan* and a medical plan. In such instances, we coordinate *our* benefits with the benefits from that other plan. *We* do this so that no one gets more in benefits than the charges he or she incurs. Read "Coordination of Benefits" to see how this works.

CGP-3-DGY2K-OS

B498.0005-R

The Benefit Provision - Qualifying For Benefits

CGP-3-DGY2K-BEN

B498.0072-R

Penalty For Late Entrants During the first 6 months that a late entrant is covered by this *plan*, we won't pay for the following services:

- All Group II Services.

During the first 12 months a late entrant is covered by this *plan*, we won't pay for the following services:

- All Group III Services.

During the first 24 months a late entrant is covered by this *plan*, we won't pay for the following services:

- All Group IV Services.

Charges for the services we don't cover under this provision are not considered to be covered charges under this *plan*, and therefore can't be used to meet this *plan's* deductibles.

We don't apply a late entrant penalty to covered charges incurred for services needed solely due to an *injury* suffered by a *covered person* while insured by this *plan*.

A late entrant is a person who: (a) becomes covered by this dental *plan* more than 31 days after he or she is eligible; or (b) becomes covered again, after his or her coverage lapsed because he or she did not make required payments.

CGP-3-DGY2K-LE

B498.0231-R

Benefit Provision - Qualifying For Benefits (Cont.)

How We Pay Benefits For Group I, II And III Non-Orthodontic Services We pay for Group I, II and III covered charges at the applicable *payment rate*.
B498.0174-R

All covered charges must be incurred while insured. And we limit what we pay each benefit year to \$1,500.00.

B498.0192-R

CGP-3-DGY2K-BP

B498.0194-R

How We Pay Benefits For Group IV Orthodontic Services This *plan* provides benefits for Group IV orthodontic services only for covered dependent children who are less than 19 years old when the *active orthodontic appliance* is first placed.

We pay for Group IV covered charges at the applicable *payment rate*.

Using the *covered person's* original treatment *plan*, we calculate the total benefit we will pay. We divide the benefit into equal payments, which we will spread out over the shorter of: (a) the proposed length of treatment; or (b) two years.

We make the initial payment when the *active orthodontic* appliance is first placed. We make further payments at the end of each subsequent three month period, upon receipt of verification of ongoing treatment. But, treatment must continue and the *covered person* must remain covered by this *plan*. We limit what we pay for orthodontic services to the lifetime payment of \$2,500.00. What we pay is based on all of the terms of this *plan*.

We don't pay for orthodontic charges incurred by a *covered person* prior to being covered by this *plan*. We limit what we pay for *orthodontic treatment* started prior to a *covered person* being covered by this *plan* to charges determined to be incurred by the *covered person* while covered by this *plan*. Based on the original treatment *plan*, we determine the portion of charges incurred by the *covered person* prior to being covered by this *plan*, and deduct them from the total charges. What we pay is based on the remaining charges. We limit what we consider of the proposed treatment *plan* to the shorter of the proposed length of treatment, or two years from the date the *orthodontic treatment* started.

The benefits we pay for *orthodontic treatment* won't be charged against a *covered person's* *benefit year* payment limits that apply to all other services.

CGP-3-DGY2K-OR

B498.0058-R

Payment Rates Benefits for covered charges are paid at the following *payment rates*:

- Benefits for Group I Services 100%
- Benefits for Group II Services 100%
- Benefits for Group III Services 60%
- Benefits for Group IV Services 60%

CGP-3-DGY2K-PR

B498.0084-R

After This Insurance Ends

We don't pay for charges incurred after a *covered person's* insurance ends. But, subject to all of the other terms of this *plan*, we'll pay for the following if the procedure is finished in the 31 days after a *covered person's* insurance under this *plan* ends: (a) a bridge or cast restoration, if the tooth or teeth are prepared before the *covered person's* insurance ends; (b) any other *dental prosthesis*, if the master impression is made before the *covered person's* insurance ends; and (c) root canal treatment, if the pulp chamber is opened before the *covered person's* insurance ends.

We pay benefits for *orthodontic treatment* to the end of the month in which the *covered person's* insurance ends.

CGP-3GY2K-END

B498.0233-R

Extended Dental Expense Benefits

If a *covered person's* insurance ends, we extend dental expense benefits for that *covered person* under this *plan* as explained below.

We only extend benefits for covered charges for dental procedures, if the procedures: (a) are recommended in writing and begin before the *covered person's* insurance ends; (b) are for other than routine examination, prophylaxis, x-rays, sealants or orthodontic services; and (c) are performed within 90 days after the *covered person's* insurance ends. And what we pay is based on all of the terms of this *plan*.

Benefits will be paid until the earliest of: (a) the date all work is completed; (b) 90 days after the *covered person's* insurance ends; or (c) the date the *covered person* becomes covered under another dental plan providing coverage for similar dental procedures. However, if the succeeding plan excludes dental services through the use of a waiting period, then the extension of benefits will not terminate.

We don't grant an extension if the *covered person's* insurance ended because of a voluntary termination of coverage or because of failure to make required payments.

CGP-3-DGY2K-EXT-FL

B498.0442-R

Special Limitations

CGP-3-DGY2K-LMT

B498.0138-R

Teeth Lost, Extracted Or Missing Before A Covered Person Becomes Covered By This Plan A *covered person* may have one or more congenitally missing teeth or may have had one or more teeth lost or extracted before he or she became covered by this *plan*. We won't pay for a *dental prosthesis* which replaces such teeth unless the *dental prosthesis* also replaces one or more eligible natural teeth lost or extracted after the *covered person* became covered by this *plan*.

CGP-3-DGY2K-TL

B498.0133-R

If This Plan Replaces The Prior Plan This *plan* may be replacing the *prior plan* you had with another insurer. If a *covered person* was insured by the *prior plan* and is covered by this *plan* on its effective date, the following provisions apply to such *covered person*.

- **Teeth Extracted While Insured By The Prior Plan** - The "Teeth Lost, Extracted or Missing Before A Covered Person Becomes Covered By This Plan" provision above, does not apply to a *covered person's dental prosthesis* which replaces teeth: (a) that were extracted while the *covered person* was insured by the *prior plan*; and (b) for which extraction benefits were paid by the *prior plan*.
- **Orthodontic Payment Limit Credit** - We reduce a *covered person's* orthodontic *payment limits* by the amounts paid or payable under the *prior plan*. The *covered person* must give us proof of the amounts applied toward the *prior plan's* payment limits.

CGP-3-DGY2K-PP

B498.0130-R

Exclusions

We will not pay for:

- Any service or supply which is not specifically listed in this *plan's* List of Covered Dental Services.
- Any procedure performed in conjunction with, as part of, or related to a procedure which is not covered by this *plan*.
- Educational services, including, but not limited to, oral hygiene instruction, plaque control, tobacco counseling or diet instruction.
- Precision attachments and the replacement of part of a precision attachment, magnetic retention or overdenture attachments.
- Overdentures and related services, including root canal therapy on teeth supporting an overdenture.
- Any restoration, procedure, *appliance* or *prosthetic device* used solely to: (1) alter vertical dimension; (2) restore or maintain occlusion, except to the extent that this *plan* covers *orthodontic treatment*; (3) treat a condition necessitated by attrition or abrasion; or (4) splint or stabilize teeth for periodontal reasons.

Exclusions (Cont.)

- The use of general anesthesia, intramuscular sedation, intravenous sedation, non-intravenous sedation or inhalation sedation, including but not limited to nitrous oxide, except when administered in conjunction with covered periodontal surgery, surgical extractions, the surgical removal of impacted teeth, apicoectomies, root amputations and services listed under the "Other Oral Surgical Procedures" section of this *plan*.
- The use of local anesthetic.
- Cephalometric radiographs, oral/facial images, including traditional photographs and images obtained by intraoral camera, except when performed as part of the *orthodontic treatment* plan and records for a covered course of *orthodontic treatment*.
- Replacement of a lost, missing or stolen *appliance* or *dental prosthesis* or the fabrication of a spare *appliance* or *dental prosthesis*.
- Prescription medication.
- Desensitizing medicaments and desensitizing resins for cervical and/or root surface.
- Duplication of radiographs, the completion of claim forms, OSHA or other infection control charges.
- Pulp vitality tests or caries susceptibility tests.
- Bite registration or bite analysis.
- Gingival curettage.
- The localized delivery of chemotherapeutic agents.
- Tooth transplants.
- Maxillofacial prosthetics that repair or replace facial and skeletal anomalies, maxillofacial surgery, orthognathic surgery or any oral surgery requiring the setting of a fracture or dislocation.
- Temporary or provisional *dental prosthesis* or *appliances* except interim partial dentures/stayplates to replace anterior teeth extracted while insured under this *plan*.
- Any service or procedure associated with the placement, prosthodontic restoration or maintenance of a dental implant and any incremental charges to other covered services as a result of the presence of a dental implant.
- Any service furnished solely for cosmetic reasons. This includes, but is not limited to: (1) characterization and personalization of a *dental prosthesis*; (2) facings on a *dental prosthesis* for any teeth posterior to the second bicuspid; (3) bleaching of discolored teeth; and (4) odontoplasty.
- Replacing an existing *appliance* or *dental prosthesis* with a like or un-like *appliance* or *dental prosthesis*; unless(1) it is at least 10 years old and is no longer usable; or (2) it is damaged while in the *covered person's* mouth in an *injury* suffered while insured, and can't be made serviceable.

Exclusions (Cont.)

- A fixed bridge replacing the extracted portion of a hemisected tooth or the placement of more than one unit of crown and/or bridge per tooth.
- The replacement of extracted or missing third molars/wisdom teeth.
- Any endodontic, periodontal, crown or bridge abutment procedure or *appliance* performed for a tooth or teeth with a guarded, questionable or poor prognosis.
- Any procedure or treatment method which does not meet professionally recognized standards of dental practice or which is considered to be experimental in nature.
- Any procedure, *appliance*, *dental prosthesis*, modality or surgical procedure intended to treat or diagnose disturbances of the temporomandibular joint (TMJ).
- Treatment needed due to: (1) an on-the-job or job-related *injury*; or (2) a condition for which benefits are paid by Worker's Compensation or similar laws.
- Treatment for which no charge is made. This usually means treatment furnished by: (1) the *covered person's* employer, labor union or similar group, in its dental or medical department or clinic; (2) a facility owned or run by any governmental body; and (3) any public program, except Medicaid, paid for or sponsored by any governmental body.
- Evaluations and consultations for non-covered services; detailed and extensive oral evaluations.
- The repair of an orthodontic *appliance*.
- The replacement of a lost or broken orthodontic retainer.

CGP-3-DGY2K-EXCH-FL

B498.0446-R

List of Covered Dental Services

The services covered by this *plan* are named in this list. Each service on this list has been placed in one of four groups. A separate payment rate applies to each group. Group I is made up of preventive services. Group II is made up of basic services. Group III is made up of major services. Group IV is made up of orthodontic services.

All covered dental services must be furnished by or under the direct supervision of a *dentist*. And they must be usual and necessary treatment for a dental condition.

CGP-3-DNTL-90-13

B490.0048-R

Group I - Preventive Dental Services (Non-Orthodontic)

Prophylaxis And Fluorides Prophylaxis - limited to a total of one prophylaxis or periodontal maintenance procedure (considered under "Periodontal Services") in any 6 consecutive month period. Allowance includes scaling and polishing procedures to remove coronal plaque, calculus, and stains.

- Adult prophylaxis covered age 14 and older.

Additional prophylaxis when needed as a result of a medical (i.e., a non-dental) condition - covered once in 12 months, and only when the additional prophylaxis is recommended by the dentist and is a result of a medical condition as verified in writing by the patient's medical physician. This does not include a condition which could be resolved by proper oral hygiene or that is the result of patient neglect.

Fluoride treatment, topical application - limited to *covered persons* under age 14 and limited to one treatment in any 6 consecutive month period.

Office Visits, Evaluations And Examination Office visits, oral evaluations, examinations or limited problem focused re-evaluations - limited to a total of one in any 6 consecutive month period.

Emergency or problem focused oral evaluation - limited to a total of 1 in a 6 consecutive month period. Covered if no other treatment, other than radiographs, is performed in the same visit.

After hours office visit or emergency palliative treatment and other non-routine, unscheduled visits. Limited to a total of 1 in a 6 consecutive month period. Covered only when no other treatment, other than radiographs, is performed during the same visit.

B498.0163-R

Space Maintainers Space Maintainers - limited to *covered persons* under age 16 and limited to initial *appliance* only. Covered only when necessary to replace prematurely lost or extracted deciduous teeth. Allowance includes all adjustments in the first six months after insertion, limited to a maximum of one bilateral per arch or one unilateral per quadrant, per lifetime.

- Fixed - unilateral
- Fixed - bilateral
- Removable - bilateral
- Removable - unilateral

Recementation of space maintainer performed more than 12 months after the initial insertion

Fixed And Removable Appliances Fixed and Removable Appliances To Inhibit Thumbsucking - limited to *covered persons* under age 14 and limited to initial *appliance* only. Allowance includes all adjustments in the first 6 months after insertion.

B498.0164-R

Group I - Preventive Dental Services (Cont.)

(Non-Orthodontic)

Radiographs Allowance includes evaluation and diagnosis.
Full mouth, complete series or panoramic radiograph - Either, but not both, of the following procedures, limited to one in any 60 consecutive month period.

- Full mouth series, of at least 14 films including bitewings
Panoramic film, maxilla and mandible, with or without bitewing radiographs.

Other diagnostic radiographs:

- Bitewing films - limited to either a maximum of 4 bitewing films or a set (7-8 films) of vertical bitewings, in one visit, once in any 12 consecutive month period.
- Intraoral periapical or occlusal films - single films

B498.0165-R

Dental Sealants Dental Sealants - permanent molar teeth only - Topical application of sealants is limited to the unrestored, permanent molar teeth of *covered persons* under age 16 and limited to one treatment, per tooth, in any 36 consecutive month period.

CGP-3-DNTL-90-14

B498.0166-R

Group II - Basic Dental Services

(Non-Orthodontic)

Diagnostic Services Allowance includes examination and diagnosis.

Consultations - Diagnostic consultation with a dentist other than the one providing treatment, limited to one consultation for each *covered dental specialty* in any 12 consecutive month period. Covered only when no other treatment, other than radiographs, is performed during the visit.

Diagnostic Services: Allowance includes examination and diagnosis.

Diagnostic casts - when needed to prepare a treatment plan for three or more of the following performed at the same time in more than one arch: dentures, crowns, bridges, inlays or onlays.

Histopathologic examinations when performed in conjunction with a tooth related biopsy.

Restorative Services Multiple restorations on one surface will be considered one restoration. Benefits for the replacement of existing amalgam and resin restorations will only be considered for payment if at least 12 months have passed since the previous restoration was placed if the *covered person* is under age 19, and 36 months if the *covered person* is age 19 and older. Also see the "Major Restorative Services" section.

Group II - Basic Dental Services (Cont.)
(Non-Orthodontic)

Amalgam restorations - Allowance includes bonding agents, liners, bases, polishing and local anesthetic.

Resin restorations - limited to *anterior teeth* only. Coverage for resins on *posterior teeth* is limited to the corresponding amalgam benefit. Allowance includes light curing, acid etching, adhesives, including resin bonding agents and local anesthetic. Restorations that do not involve the incisal edge are considered a single surface filling.

Silicate cement, per restoration
Composite resin

Stainless steel crown, prefabricated resin crown, and resin based composite crown - limited to once per tooth in any 24 consecutive month period. Stainless steel crowns, prefabricated resin crowns and resin based composite crowns are considered to be a temporary or provisional procedure when done within 24 months of a permanent crown. Temporary and provisional crowns are considered to be part of the permanent restoration.

Pin retention, per tooth, covered only in conjunction with a permanent amalgam or composite restoration, exclusive of restorative material.

B498.1123-R

**Crown And
Prosthodontic
Restorative Services**

Also see the "Major Restorative Services" section.

Crown and bridge repairs - allowance based on the extent and nature of damage and the type of material involved.

Recementation, limited to recementations performed more than 12 months after the initial insertion.

Inlay or onlay
Crown
Bridge

Adding teeth to partial dentures to replace extracted natural teeth

Denture repairs - Allowance based on the extent and nature of damage and on the type of materials involved.

Denture repairs, metal
Denture repairs, acrylic
Denture repair, no teeth damaged
Denture repair, replace one or more broken teeth
Replacing one or more broken teeth, no other damage

Denture rebase, full or partial denture - limited to once per denture in any 24 consecutive month period. Denture rebases done within 12 months are considered to be part of the denture placement when the rebase is done by the *dentist* who furnished the denture. Limited to rebase done more than 12 consecutive months after the insertion of the denture.

Denture relines, full or partial denture - limited to once per denture in any 24 consecutive month period. Denture relines done within 12 months are considered to be part of the denture placement when the relines is done by the *dentist* who furnished the denture. Limited to relines done more than 12 consecutive months after a denture rebase or the insertion of the denture.

Group II - Basic Dental Services (Cont.) (Non-Orthodontic)

Denture adjustments - Denture adjustments done within 6 months are considered to be part of the denture placement when the adjustment is done by the *dentist* who furnished the denture. Limited to adjustments that are done more than 6 consecutive months after a denture rebase, denture reline or the initial insertion of the denture.

Tissue conditioning - Tissue conditioning done within 12 months is considered to be part of the denture placement when the tissue conditioning is done by the *dentist* who furnished the denture. Limited to a maximum of 1 treatment, per arch, in any 12 consecutive month period.

B498.1122-R

Endodontic Services Allowance includes diagnostic, treatment and final radiographs, cultures and tests, local anesthetic and routine follow-up care, but excludes final restoration.

Pulp capping, limited to permanent teeth and limited to one pulp cap per tooth, per lifetime.

Pulp capping, direct

Pulp capping, indirect - includes sedative filling.

Vital pulpotomy, only when root canal therapy is not the definitive treatment

Gross pulpal debridement

Pulpal therapy, limited to primary teeth only

Root Canal Treatment

Root canal therapy

Root canal retreatment, limited to once per tooth, per lifetime

Treatment of root canal obstruction, no-surgical access

Incomplete endodontic therapy, inoperable or fractured tooth

Internal root repair of perforation defects

Other Endodontic Services

Apexification, limited to a maximum of three visits

Apicoectomy, limited to once per root, per lifetime

Root amputation, limited to once per root, per lifetime

Retrograde filling, limited to once per root, per lifetime

Hemisection, including any root removal, once per tooth

B498.0201-R

Periodontal Services Allowance includes the treatment plan, local anesthetic and post-treatment care. Requires documentation of periodontal disease confirmed by both radiographs and pocket depth probings of each tooth involved.

Periodontal maintenance procedure - limited to a total of one prophylaxis or periodontal maintenance procedure in any 6 consecutive month period. Allowance includes periodontal pocket charting, scaling and polishing. (Also see Prophylaxis under "Preventive Services") Coverage for periodontal maintenance is considered upon evidence of completed active periodontal therapy (periodontal scaling and root planing or periodontal surgery).

Group II - Basic Dental Services (Cont.)
(Non-Orthodontic)

Scaling and root planing, per quadrant - limited to once per quadrant in any 24 consecutive month period. Covered when there is radiographic and pocket charting evidence of bone loss.

Full mouth debridement - limited to once in any 36 consecutive month period. Considered only when no diagnostic, preventive, periodontal service or periodontal surgery procedure has been performed in the previous 36 consecutive month period.

B498.0202-R

Periodontal Surgery Allowance includes the treatment plan, local anesthetic and post-surgical care. Requires documentation of periodontal disease confirmed by both radiographs and pocket depth probings of each tooth involved.

The following treatment is limited to a total of one of the following, once per tooth in any 12 consecutive months.

Gingivectomy, per tooth (less than 3 teeth)
Crown lengthening - hard tissue

The following treatment is limited to a total of one of the following once per quadrant, in any 36 consecutive months.

Gingivectomy or gingivoplasty, per quadrant
Osseous surgery, including scaling and root planing, flap entry and closure, per quadrant
Gingival flap procedure, including scaling and root planing, per quadrant
Distal or proximal wedge, not in conjunction with osseous surgery
Surgical revision procedure, per tooth

The following treatment is limited to a total of one of the following, once per quadrant in any 36 consecutive months.

Pedicle or free soft tissue grafts, including donor site, or subepithelial connective tissue graft procedure, when the tooth is present.

The following treatment is limited to a total of one of the following, once per area or tooth, per lifetime.

Guided tissue regeneration, resorbable barrier or nonresorbable barrier
Bone replacement grafts, when the tooth is present

Periodontal surgery related

Limited occlusal adjustment -limited to a total of two visits, covered only when done within a 6 consecutive month period after covered scaling and root planing or osseous surgery. Must have radiographic evidence of vertical defect or widened periodontal ligament space.

Occlusal guards, covered only when done within a 6 consecutive month period after osseous surgery, and limited to one per lifetime

B498.0203-R

Non-Surgical Extractions Allowance includes the treatment plan, local anesthetic and post-treatment care.

Uncomplicated extraction, one or more teeth
Root removal non-surgical extraction of exposed roots

Group II - Basic Dental Services (Cont.)

(Non-Orthodontic)

Surgical Extractions Allowance includes the treatment plan, local anesthetic and post-surgical care. Services listed in this category and related services, may be covered by your medical plan.

Surgical removal of erupted teeth, involving tissue flap and bone removal
Surgical removal of residual tooth roots
Surgical removal of impacted teeth

Other Oral Surgical Procedures Allowance includes diagnostic and treatment radiographs, the treatment plan, local anesthetic and post-surgical care. Services listed in this category and related services, may be covered by your medical plan.

Alveoloplasty, per quadrant
Removal of exostosis, per site
Incision and drainage of abscess
Frenulectomy, Frenectomy, Frenotomy
Biopsy and examination of tooth related oral tissue
Surgical exposure of impacted or unerupted tooth to aid eruption
Excision of tooth related tumors, cysts and neoplasms
Excision or destruction of tooth related lesion(s)
Excision of hyperplastic tissue
Excision of pericoronal gingiva, per tooth
Oroantral fistula closure
Sialolithotomy
Sialodochoplasty
Closure of salivary fistula
Excision of salivary gland
Maxillary sinusotomy for removal of tooth fragment or foreign body
Vestibuloplasty

B498.1124-R

Other Services General anesthesia, intramuscular sedation, intravenous sedation, non intravenous sedation or inhalation sedation, including nitrous oxide, when administered in connection with covered periodontal surgery, surgical extractions, the surgical removal of impacted teeth, apicoectomies, root amputations, and services listed under the "Other Oral Surgical Procedures" section of this *plan*.

Injectable antibiotics needed solely for treatment of a dental condition.

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B498.0206-R

Group III - Major Dental Services (Non-Orthodontic)

Major Restorative Services Crowns, inlays, onlays, labial veneers, and crown buildups are covered only when needed because of decay or *injury*, and only when the tooth cannot be restored with amalgam or composite filling material. Post and cores are covered only when needed due to decay or *injury*. Allowance includes insulating bases, temporary or provisional restorations and associated gingival involvement. Limited to permanent teeth only. Also see the "Basic Restorative Services" section.

Single Crowns

- Resin with metal
- Porcelain
- Porcelain with metal
- Full cast metal (other than stainless steel)
- 3/4 cast metal crowns
- 3/4 porcelain crowns

Inlays

Onlays, including inlay

Labial veneers

Posts and buildups - only when done in conjunction with a covered unit of crown or bridge and only when necessitated by substantial loss of natural tooth structure.

Cast post and core in addition to a unit of crown or bridge, per tooth

Prefabricated post and composite or amalgam core in addition to a unit of crown or bridge, per tooth

Crown or core buildup, including pins

Implant supported prosthetics - Allowance includes the treatment plan and local anesthetic.

Abutment supported crown

Implant supported crown

Abutment supported retainer for fixed partial denture

Implant supported retainer for fixed partial denture

Implant/abutment supported fixed denture for completely edentulous arch

Implant/abutment supported fixed denture for partially edentulous arch

B498.1126-R

Prosthodontic Services Specialized techniques and characterizations are not covered. Allowance includes insulating bases, temporary or provisional restorations and associated gingival involvement. Limited to permanent teeth only.

Group III - Major Dental Services (Cont.) (Non-Orthodontic)

Fixed bridges - Each abutment and each pontic makes up a unit in a bridge

Bridge abutments - See inlays, onlays and crowns under "Major Restorative Services"

Bridge Pontics

Resin with metal

Porcelain

Porcelain with metal

Full cast metal

Dentures - Allowance includes all adjustments and repairs done by the *dentist* furnishing the denture in the first 6 consecutive months after installation and all temporary or provisional dentures. Temporary or provisional dentures, stayplates and interim dentures older than one year are considered to be a permanent *appliance*.

Complete or Immediate dentures, upper or lower

Partial dentures - Allowance includes base, clasps, rests and teeth

Upper, resin base, including any conventional clasps, rests and teeth

Upper, cast metal framework with resin denture base, including any conventional clasps, rests and teeth

Lower, resin base, including any conventional clasps, rests and teeth

Lower, cast metal framework with resin denture base, including any conventional clasps, rests and teeth

Interim partial denture (stayplate), upper or lower, covered on *anterior teeth* only

Removable unilateral partial, one piece cast metal, including clasps and teeth

Simple stress breakers, per unit

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Group IV - Orthodontic Services

Orthodontic Services Any covered Group I, II or III service in connection with *orthodontic treatment*.

- Transseptal fiberotomy
- Surgical exposure of impacted or unerupted teeth in connection with *orthodontic treatment* - Allowance includes treatment and final radiographs, local anesthetics and post-surgical care.
- Treatment *plan* and records, including initial, interim and final records.

Group IV - Orthodontic Services (Cont.)

- Limited *orthodontic treatment*, *Interceptive orthodontic treatment* or *Comprehensive orthodontic treatment*, including fabrication and insertion of any and all fixed *appliances* and periodic visits.
- Orthodontic retention, including any and all necessary fixed and removable *appliances* and related visits - limited to initial *appliance(s)* only.

CGP-3-DNTL-90-8

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COORDINATION OF BENEFITS

Important Notice This provision applies to all health expense benefits under this plan. It does not apply to death, dismemberment, or loss of income benefits.

Purpose Of This Provision An employee may be covered for health expense benefits by more than one plan. For instance, he may be covered by this plan as an employee and by another plan as a dependent of his spouse. If he is, this provision allows us to coordinate what we pay with what another plan pays. We do this so the covered person doesn't collect more in benefits than he incurs in charges.

Definitions "We" and "our" mean The Guardian Life Insurance Company of America.

"Plan" means any of the following that provides health expense benefits or services: (a) group or franchise insurance plans; (b) group Blue Cross plans, group Blue Shield plans, or other service or prepayment plans on a group basis; (c) union welfare plans, employer plans, employee benefits plans, trustee labor and management plans, or other plans for members of a group; and (d) programs or coverages required or provided by law, including mandatory no-fault auto insurance.

"Plan" does not include Medicaid, an indemnity-type policy, an excess insurance policy as defined in Florida Law 627.635, a policy with coverage limited to specified illnesses or accidents, a Medicare supplement policy, or any other government program or coverage which we are not allowed to coordinate with by law. Nor does it include any plan we say we supplement. Plans that we supplement are named in the schedule.

"This plan" means the part of our group plan subject to this provision.

"Member" means the person who receives a certificate or other proof of coverage from a plan that covers him for health expense benefits.

"Dependent" means a person who is covered by a plan for health expense benefits, but not as a member.

"Allowable expense" means any necessary, reasonable, and usual expense for health care incurred by a member or dependent under both this plan and at least one other plan. When a plan provides service instead of cash payment, we view the reasonable cash value of each service as an allowable expense and as a benefit paid. We also view benefits payable by another plan as an allowable expense and as a benefit paid, whether or not a claim is filed under that plan.

"Claim determination period" means a calendar year in which a member or dependent is covered by this plan and at least one other plan and incurs one or more allowable expense under such plans.

How This Provision Works We apply this provision when a member or dependent is covered by more than one plan. When this happens we consider each plan separately when coordinating payments.

In order to apply this provision, one of the plans is called the primary plan. All other plans are called secondary plans. The primary plan pays first, ignoring all other plans. The secondary plans then pay the remaining unpaid allowable expenses, but no plan pays more than it would have without this provision.

Coordination of Benefits (Cont.)

If a plan has no coordination provision, it is primary. But, during any claim determination period, when this plan and at least one other plan have coordination provisions, the rules that govern which plan pays first are as follows:

- (A) A plan that covers a person as a member pays first; the plan that covers a person as a dependent pays second;
- (B) A plan that covers a person as an active employee or as a dependent of such employee pays first. A plan that covers a person as a laid-off or retired employee or as a dependent of such employee pays second.

But, if the plan that we're coordinating with does not have a similar provision for such persons, then (B) will not apply.

- (C) Except for dependent children of separated or divorced parents, the following governs which plan pays first when the person is a dependent of a member:

A plan that covers a dependent of a member whose birthday falls earliest in the calendar year pays first. The plan that covers a dependent of a member whose birthday falls later in the calendar year pays second. The member's year of birth is ignored.

But, if the plan that we're coordinating with does not have a similar provision for such persons, then (C) will not apply and the other plan's coordination provision will determine the order of benefits.

- (D) For a dependent child of separated or divorced parents, the following governs which plan pays first when the person is a dependent of a member:

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- (1) When a court order makes one parent financially responsible for the health care expenses of the dependent child, then that parent's plan pays first.
- (2) If there is no such court order, then the plan of the natural parent with custody pays before the plan of the stepparent with custody; and
- (3) The plan of the stepparent with custody pays before the plan of the natural parent without custody.

If rules (A), (B), (C) and (D) don't determine which plan pays first, the plan that has covered the person for the longer time pays first.

If, when we apply this provision, we pay less than we would otherwise pay, we apply only that reduced amount against payment limits of this plan.

Coordination of Benefits (Cont.)

Our Right To Certain Information In order to coordinate benefits, we need certain information. An employee must supply us with as much of that information as he can. But if he can't give us all the information we need, we have the right to get this information from any source. And if another insurer needs information to apply its coordination provision, we have the right to give that insurer such information. If we give or get information under this section we can't be held liable for such action.

When payments that should have been made by this plan have been made by another plan, we have the right to repay that plan. If we do so, we're no longer liable for that amount. And if we pay out more than we should have, we have the right to recover the excess payment.

Small Claims Waiver We don't coordinate payments on claims of less than \$50.00. But if, during any claim determination period, more allowable expenses are incurred that raise the claim above \$50.00 we'll count the entire amount of the claim when we coordinate.

CGP-3-R-COB-86-2

B550.0014-R

GLOSSARY

This Glossary defines the italicized terms appearing in your booklet.

CGP-3-GLOSS-90

B900.0118-R

Active Orthodontic means an *appliance*, like a fixed or removable appliance, braces or a functional orthotic used for orthodontic treatment to move teeth or reposition the jaw.

CGP-3-GLOSS-90

B750.0663-R

Anterior Teeth means the incisor and cuspid teeth. The teeth are located in front of the bicuspids (pre-molars).

CGP-3-GLOSS-90

B750.0664-R

Appliance means any dental device other than a *dental prosthesis*.

CGP-3-GLOSS-90

B750.0665-R

Benefit Year means a 12 month period which starts on January 1st and ends on December 31st of each Year.

CGP-3-GLOSS-90

B750.0686-R

Covered Dental Specialty means any group of procedures which falls under one of the following categories, whether performed by a specialist *dentist* or a general *dentist*: restorative/prosthetic services; endodontic services, periodontic services, oral surgery and pedodontics.

CGP-3-GLOSS-90

B750.0667-R

Covered Family means an employee and those of his or her dependents who are covered by this *plan*.

CGP-3-GLOSS-90

B750.0668-R

Covered Person means an employee or any of his or her covered dependents.

CGP-3-GLOSS-90

B750.0669-R

Dental Prosthesis means a restorative service which is used to replace one or more missing or lost teeth and associated tooth structures. It includes all types of abutment crowns, inlays and onlays, bridge pontics, complete and immediate dentures, partial dentures and unilateral partials. It also includes all types of crowns, veneers, inlays, onlays, implants and posts and cores.

CGP-3-GLOSS-90

B750.0670-R

Dentist means any dental or medical practitioner we are required by law to recognize who: (a) is properly licensed or certified under the laws of the state where he or she practices; and (b) provides services which are within the scope of his or license or certificate and covered by this *plan*.

CGP-3-GLOSS-90

B750.0671-R

Eligibility Date for dependent coverage is the earliest date on which: (a) you have initial dependents; and (b) are eligible for dependent coverage.

CGP-3-GLOSS-90

B900.0003-R

Glossary (Cont.)

Eligible Dependent	is defined in the provision entitled "Dependent Coverage."	
	CGP-3-GLOSS-90	B750.0015-R
Emergency Treatment	means bona fide emergency services which: (a) are reasonably necessary to relieve the sudden onset of severe pain, fever, swelling, serious bleeding, severe discomfort, or to prevent the imminent loss of teeth; and (b) are covered by this <i>plan</i> .	
	CGP-3-GLOSS-90	B750.0672-R
Employee	means a person who works for the <i>employer</i> at the <i>employer's</i> place of business, and whose income is reported for tax purposes using a W-2 form.	
	CGP-3-GLOSS-90	B750.0006-R
Employer	means CITY OF FT. LAUDERDALE .	
	CGP-3-GLOSS-90	B900.0051-R
Enrollment Period	with respect to dependent coverage, means the 31 day period which starts on the date that you first become eligible for dependent coverage.	
	CGP-3-GLOSS-90	B900.0004-R
Full-time	means the <i>employee</i> regularly works at least the number of hours in the normal work week set by the <i>employer</i> (but not less than 40 hours per week), at his <i>employer's</i> place of business.	
	CGP-3-GLOSS.1	B750.0230-R
Initial Dependents	means those <i>eligible dependents</i> you have at the time you first become eligible for <i>employee</i> coverage. If at this time you do not have any <i>eligible dependents</i> , but you later acquire them, the first <i>eligible dependents</i> you acquire are your <i>initial dependents</i> .	
	CGP-3-GLOSS-90	B900.0006-R
Injury	means all damage to a <i>covered person's</i> mouth due to an accident which occurred while he or she is covered by this <i>plan</i> , and all complications arising from that damage. But the term <i>injury</i> does not include damage to teeth, <i>appliances</i> or <i>dental prostheses</i> which results solely from chewing or biting food or other substances.	
	CGP-3-GLOSS-90	B750.0673-R
Newly Acquired Dependent	means an <i>eligible dependent</i> you acquire after you already have coverage in force for <i>initial dependents</i> .	
	CGP-3-GLOSS-90	B900.0008-R
Orthodontic Treatment	means the movement of one or more teeth by the use of <i>active appliances</i> . it includes: (a) treatment plan and records, including initial, interim and final records; (b) periodic visits, limited orthodontic treatment, interceptive orthodontic treatment and comprehensive orthodontic treatment, including fabrication and insertion of any and all fixed appliances; (c) orthodontic retention, including any and all necessary fixed and removable appliances and related visits.	
	CGP-3-GLOSS-90	B750.0675-R

Glossary (Cont.)

Payment Limit	means the maximum amount this <i>plan</i> pays for covered services during either a <i>benefit year</i> or a <i>covered person's</i> lifetime, as applicable.	B750.0676-R
	CGP-3-GLOSS-90	
Payment Rate	means the percentage rate that this <i>plan</i> pays for covered services.	B750.0677-R
	CGP-3-GLOSS-90	
Posterior Teeth	means the bicuspid (pre-molars) and molar teeth. These are the teeth located behind the cuspids.	B750.0679-R
	CGP-3-GLOSS-90	
Plan	means the Guardian group dental plan purchased by the planholder.	B750.0678-R
	CGP-3-GLOSS-90	
Prior Plan	means the planholder's plan or policy of group dental insurance which was in force immediately prior to this <i>plan</i> . To be considered a prior plan, this <i>plan</i> must start immediately after the prior coverage ends.	B750.0681-R
	CGP-3-GLOSS-90	
Proof Of Claim	means dental radiographs, study models, periodontal charting, written narrative or any documentation that may validate the necessity of the proposed treatment.	B750.0682-R
	CGP-3-GLOSS-90	
Qualified Retiree	means a former employee who receives pension benefits through one of the various City Pension Plans.	B750.0008-R
	CGP-3-GLOSS-90	
We, Us, Our And Guardian	mean The Guardian Life Insurance Company of America.	B750.0683-R
	CGP-3-GLOSS-90	

The Guardian's Responsibilities

B800.0048-R

The dental expense benefits provided by this plan are guaranteed by a policy of insurance issued by The Guardian. The Guardian also supplies administrative services, such as claims services, including the payment of claims, preparation of employee certificates of insurance, and changes to such certificates.

B800.0053-R

The Guardian is located at 7 Hanover Square, New York, New York 10004.

B800.0049-R

Group Health Benefits Claims Procedure

If you seek benefits under the plan you should complete, execute and submit a claim form. Claim forms and instructions for filing claims may be obtained from the Plan Administrator.

Guardian is the Claims Fiduciary with discretionary authority to determine eligibility for benefits and to construe the terms of the plan with respect to claims. Guardian has the right to secure independent professional healthcare advice and to require such other evidence as needed to decide your claim.

Definitions "Adverse determination" means any denial, reduction or termination of a benefit or failure to provide or make payment (in whole or in part) for a benefit. A failure to cover an item or service: (a) due to the application of any utilization review; or (b) because the item or service is determined to be experimental or investigational, or not medically necessary or appropriate, is also considered an adverse determination.

"Group Dental Benefits" means any dental coverages which are a part of this plan.

"Pre-service claim" means a claim for a dental care benefit with respect to which the plan conditions receipt of the benefit, in whole or in part, on approval of the benefit in advance of receipt of care.

"Post-service claim" means a claim for payment for dental care that already has been provided.

"Urgent care claim" means a claim for dental care or treatment where making a non-urgent care decision: (a) could seriously jeopardize the life or health of the claimant or the ability of the claimant to regain maximum function, as determined by an individual acting on behalf of the plan applying the judgment of a prudent layperson who possesses an average knowledge of health and medicine; or (b) in the opinion of a physician with knowledge of the claimant's medical condition, would subject the claimant to severe pain that cannot be adequately managed without the care.

Note: Any claim that a physician with knowledge of the claimant's medical condition determines is a claim involving urgent care will be treated as an urgent care claim for purposes of this section.

Timing For Initial Benefit Determination The benefit determination period begins when a claim is received. Guardian will make a benefit determination and notify a claimant within a reasonable period of time, but not later than the maximum time period shown below. A written or electronic notification of any adverse benefit determination must be provided.

Urgent Care Claims. Guardian will make a benefit determination within 72 hours after receipt of an urgent care claim.

If a claimant fails to provide all information needed to make a benefit determination, Guardian will notify the claimant of the specific information that is needed as soon as possible but no later than 24 hours after receipt of the claim. The claimant will be given not less than 48 hours to provide the specified information.

Guardian will notify the claimant of the benefit determination as soon as possible but not later than the earlier of:

Group Health Benefits Claims Procedure (Cont.)

- the date the requested information is received; or
- the end of the period given to the claimant to provide the specified additional information.

The required notice may be provided to the claimant orally within the required time frame provided that a written or electronic notification is furnished to the claimant not later than 3 days after the oral notification.

Pre-Service Claims. Guardian will provide a benefit determination not later than 15 days after receipt of a pre-service claim. If a claimant fails to provide all information needed to make a benefit determination, Guardian will notify the claimant of the specific information that is needed as soon as possible but no later than 5 days after receipt of the claim. A notification of a failure to follow proper procedures for pre-service claims may be oral, unless a written notification is requested by the claimant.

The time period for providing a benefit determination may be extended by up to 15 days if Guardian determines that an extension is necessary due to matters beyond the control of the plan, and so notifies the claimant before the end of the initial 15-day period.

If Guardian extends the time period for making a benefit determination due to a claimant's failure to submit information necessary to decide the claim, the claimant will be given at least 45 days to provide the requested information. The extension period will begin on the date on which the claimant responds to the request for additional information.

Post-Service Claims. Guardian will provide a benefit determination not later than 30 days after receipt of a post-service claim. If a claimant fails to provide all information needed to make a benefit determination, Guardian will notify the claimant of the specific information that is needed as soon as possible but no later than 30 days after receipt of the claim.

The time period for completing a benefit determination may be extended by up to 15 days if Guardian determines that an extension is necessary due to matters beyond the control of the plan, and so notifies the claimant before the end of the initial 30-day period.

If Guardian extends the time period for making a benefit determination due to a claimant's failure to submit information necessary to decide the claim, the claimant will be given at least 45 days to provide the requested information. The extension period will begin on the date on which the claimant responds to the request for additional information.

Concurrent Care Decisions. A reduction or termination of an approved ongoing course of treatment (other than by plan amendment or termination) will be regarded as an adverse benefit determination. This is true whether the treatment is to be provided(a) over a period of time; (b) for a certain number of treatments; or (c) without a finite end date. Guardian will notify a claimant at a time sufficiently in advance of the reduction or termination to allow the claimant to appeal.

In the case of a request by a claimant to extend an ongoing course of treatment involving urgent care, Guardian will make a benefit determination as soon as possible but no later than 24 hours after receipt of the claim.

Group Health Benefits Claims Procedure (Cont.)

- Adverse Benefit Determination** If a claim is denied, Guardian will provide a notice that will set forth:
- the specific reason(s) for the adverse determination;
 - reference to the specific plan provision(s) on which the determination is based;
 - a description of any additional material or information necessary to make the claim valid and an explanation of why such material or information is needed;
 - in the case of an adverse benefit determination based on medical necessity or experimental treatment, notice will either include an explanation of the scientific or clinical basis for the determination, or a statement that such explanation will be provided free of charge upon request; and
 - in the case of an urgent care adverse determination, a description of the expedited review process.

Appeal of Adverse Benefit Determinations If a claim is wholly or partially denied, the claimant will have up to 180 days to make an appeal.

A request for an appeal of an adverse benefit determination involving an urgent care claim may be submitted orally or in writing. Necessary information and communication regarding an urgent care claim may be sent to Guardian by telephone, facsimile or similar expeditious manner.

Guardian will conduct a full and fair review of an appeal which includes providing to claimants the following:

- the opportunity to submit written comments, documents, records and other information relating to the claim;
- the opportunity, upon request and free of charge, for reasonable access to, and copies of, all documents, records and other information relating to the claim; and
- a review that takes into account all comments, documents, records and other information submitted by the claimant relating to the claim, without regard to whether such information was submitted or considered in the initial benefit determination.

In reviewing an appeal, Guardian will:

- provide for a review conducted by a named fiduciary who is neither the person who made the initial adverse determination nor that person's subordinate;
- in deciding an appeal based upon a medical judgment, consult with a health care professional who has appropriate training and experience in the field of medicine involved in the medical judgment;
- identify medical or vocational experts whose advice was obtained in connection with an adverse benefit determination; and
- ensure that a health care professional engaged for consultation regarding an appeal based upon a medical judgment shall be neither the person who was consulted in connection with the adverse benefit determination, nor that person's subordinate.

Group Health Benefits Claims Procedure (Cont.)

Guardian will notify the claimant of its decision regarding review of an appeal as follows:

Urgent Care Claims. Guardian will notify the claimant of its decision as soon as possible but not later than 72 hours after receipt of the request for review of the adverse determination.

Pre-Service Claims. Guardian will notify the claimant of its decision not later than 30 days after receipt of the request for review of the adverse determination.

Post-Service Claims. Guardian will notify the claimant of its decision not later than 60 days after receipt of the request for review of the adverse determination.

**Alternative Dispute
Options**

The claimant and the plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact the local U.S Department of Labor Office and the State insurance regulatory agency.

B800.0076-R

Termination of This Group Plan

Your *employer* may terminate this group *plan* at any time by giving us 31 days advance written notice. This *plan* will also end if your *employer* fails to pay a premium due by the end of this grace period.

We may have the option to terminate this *plan* if the number of people insured falls below a certain level.

When this *plan* ends, you may be eligible to continue your insurance coverage. Your rights upon termination of the *plan* are explained in this booklet.

B800.0086-R

8. INTERROGATORIES (SEE ATTACHED WORD FILE CALLED INTERROGATORIES)

Responses to the interrogatories are to be included in Section IV of your proposal.

DHMO

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

2. Please provide a description of your DHMO provider Quality Assurance program.

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

4. How does your company determine when a general dentist's office is closed to new members?

5. Please provide a detailed description of your DHMO grievance and appeal procedures. Be specific in terms of timelines and expected turnarounds.

6. How many participating general dentists in Broward, Miami-Dade and Palm Beach Counties were terminated during the period September 2005 to August 2006 as a result of quality assurance reviews or member complaints?

7. How many participating specialist dentists in Broward, Miami-Dade and Palm Beach Counties were terminated during the period September 2005 to August 2006 as a result of quality assurance reviews or member complaints?

8. Please describe your credentialing criteria for DHMO providers.

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

Broward _____
Miami-Dade _____
Palm Beach _____

10. Please list the out of area markets for which benefits are available with this proposal by city and state.

PPO Plan

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

2. Please describe the credentialing criteria for PPO dentists.

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

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

5. Listed below are some popular dental procedures. Please provide your average PPO discounted fee for these procedures as well as your estimate for usual, customary and reasonable (UCR) allowances using the 85th percentile.

<u>Diagnostic/Preventive</u>	Discounted Fee	UCR
0120 periodic oral examination	_____	_____
0150 comprehensive oral evaluation	_____	_____
0220 intraoral periapical - single first film	_____	_____

	Discounted Fee	UCR
0274 bitewings, 4 films	_____	_____
1110 prophylaxis, adult	_____	_____
1120 prophylaxis, child	_____	_____
<u>Restorative</u>		
2385 resin-based composite, 1 surface, posterior	_____	_____
2386 resin-based composite, 2 surfaces, posterior	_____	_____
2387 resin-based composite, 3 surfaces, posterior	_____	_____
<u>Crown and Bridge</u>		
2740 crown, porcelain/ceramic substrate	_____	_____
2750 crown, porcelain fused to high noble metal	_____	_____
2752 crown, porcelain fused to noble metal	_____	_____
2790 crown, full cast high noble metal	_____	_____
2950 core buildup including pins	_____	_____
6240 pontic, porcelain fused to high noble metal	_____	_____
6750 crown, porcelain fused to high noble metal	_____	_____
6752 crown, porcelain fused to noble metal	_____	_____
<u>Endodontics</u>		
3310 anterior (excluding final restoration)	_____	_____
3320 bicuspid (excluding final restoration)	_____	_____
3330 molar (excluding final restoration)	_____	_____
<u>Periodontics</u>		
4260 osseous surgery including flap entry and closure, per quadrant	_____	_____
4341 periodontal scaling and root planing, per quadrant	_____	_____
4910 periodontal maintenance procedure following active therapy	_____	_____

Prosthodontics

5110 complete denture, maxillary _____

5213 maxillary partial denture, cast metal frame _____

5214 mandibular partial denture, cast metal frame _____

noble metal _____

Oral Surgery

7110 single tooth, permanent _____

7210 surgical extraction, erupted tooth _____

Orthodontics

8080 orthodontic treatment, adolescent dentition _____

8670 periodic orthodontic visit _____

6. Please list the out of area markets (out of Broward, Miami-Dade, Palm Beach) for which benefits are available with this proposal by city and state.

General

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

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

3. Does your company have the ability to perform online enrollments and billing services?

4. Is your plan compliant with the HIPAA privacy rules regarding individually identifiable health information?

**City of Fort Lauderdale
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9. REQUIRED FORMS

9.1 Proposal Form

To: The City of Fort Lauderdale

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 RFP. 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 proposal.

Please Note: If responding to this solicitation through RFP Depot, the electronic version of the bid response will prevail, unless a paper version is clearly marked **by the bidder** in some manner to indicate that it will supplant the electronic version.

Proposal submitted by: _____
(signature) (date)

Name (printed) _____

Title: _____

Company: (Legal Registration) _____

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

Address: _____

CITY: _____

State: _____

Zip: _____

Telephone No. _____

FAX No. _____

E-MAIL: _____

Does your firm qualify for MBE or WBE status In accordance with Section 1.08 of General Conditions?

MBE _____ WBE _____

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

**City of Fort Lauderdale
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Addendum No.

Date Issued

VARIANCES: State any variations to specifications, terms and conditions in the space provided below or reference in the space provided below all variances contained on other pages of RFP, attachments or proposal pages. No variations or exceptions by the Proposer will be deemed to be part of the proposal submitted unless such variation or exception is listed and contained within the proposal documents and referenced in the space provided below. If no statement is contained in the below space, it is hereby implied that your proposal complies with the full scope of this RFP.

Variances:

**City of Fort Lauderdale
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9.2 Proposer's Identification (See Attached Word File called Proper's Identification and Warranty).

Name of Organization: _____

Address: _____

Contact Person: _____

Telephone Numbers
Daytime: _____
After Hours: _____
Fax: _____
E-mail _____

PROPOSER'S GROUP REPRESENTATIVE OR ACCOUNT EXECUTIVE

Name of Firm: _____

Address: _____

Group Representative or
Account Executive: _____

Telephone Numbers
Daytime: _____
After Hours: _____
Fax: _____
E-mail _____

**City of Fort Lauderdale
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9.3 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 **Error! Reference source not found.** of this RFP;
- D. The firm authorizes the City of Fort Lauderdale, 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.

Name of Firm

Signature of Authorized Representative

Title of Authorized Representative

Date Signed by Authorized Representative

City of Fort Lauderdale - RFP # 532-8789 Group Dental Plans

Name of Proposer _____

9.4 DHMO Copays (See Attached Word File called DHMO Copays)

Please provide your company's co-payments for the following procedures. Also provide co-payments for any services not listed that are covered under the proposed plan. Include this form in Section I of your response.

ADA Code	Description	Copay
	Diagnostic/Preventive	
9310	Consultation	
0120	Periodic oral evaluation	
0140	Limited oral evaluation, problem focused	
0150	Comprehensive oral evaluation	
0170	Re-evaluation, limited, problem focused	
0210	X-rays intraoral, complete series (every 3 years)	
0220	X-rays intraoral, periapical, first film	
0230	X-rays intraoral, periapical, each additional film	
0240	X-rays intraoral, occlusal film	
0270	X-rays, bitewing, single film	
0272	X-rays, bitewing, 2 films	
0274	X-rays, bitewing, 4 films	
0277	X-rays, bitewing, vertical, 7 to 8 films	
0330	X-rays, panoramic (every 3 years)	
0460	Pulp vitality test	
0470	Diagnostic casts	
0472	Accession of tissue, gross exam, written report	
0473	Accession of tissue, gross & microscopic exam, written report	
0474	Accession of tissue, gross & microscopic exam including assessment of surgical margins for presence of disease, written report	
0501	Histopathologic exam	
1110	Prophylaxis, adult (every 6 months)	
9999.1119	Prophylaxis, adult, additional	
1120	Prophylaxis, child (every 6 months)	
9999.1129	Prophylaxis, child, additional	
1203	Topical application of fluoride, child (prophylaxis not included, every 6 months, to age 19)	
1330	Oral hygiene instructions	
1351	Sealant (per tooth, to age 14)	
ADA Code	Description	Copay

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Name of Proposer _____

1510	Space maintainer, fixed, unilateral	
1515	Space maintainer, fixed, bilateral	
	Restorative (Fillings)	
2110	Amalgam, 1 surface, primary	
2120	Amalgam, 2 surfaces, primary	
2130	Amalgam, 3 surfaces, primary	
2131	Amalgam, 4 or more surfaces, primary	
2140	Amalgam, 1 surface permanent	
2150	Amalgam, 2 surfaces, permanent	
2160	Amalgam, 3 surfaces, permanent	
2161	Amalgam, 4 or more surfaces, permanent	
2330	Resin-based composite, 1 surface, anterior	
2331	Resin-based composite, 2 surfaces, anterior	
2332	Resin-based composite, 3 surfaces, anterior	
2335	Resin-based composite, 4 or more surfaces or involving incisal angle, anterior	
2336	Resin-based composite crown, anterior, primary	
2337	Resin-based composite crown, anterior, permanent	
2380	Resin-based composite, 1 surface, posterior, primary	
2381	Resin-based composite, 2 surfaces, posterior, primary	
2382	Resin-based composite, 3 or more surfaces, posterior, primary	
2385	Resin-based composite, 1 surface, posterior, permanent	
2386	Resin-based composite, 2 surfaces, posterior, permanent	
2387	Resin-based composite, 3 surfaces, posterior, permanent	
2388	Resin-based composite, 4 or more surfaces, posterior, permanent	
	Crown & Bridge	
2510	Inlay, metallic, 1 surface	
2520	Inlay, metallic, 2 surfaces	
2530	Inlay, metallic, 3 or more surfaces	
2542	Onlay, metallic, 2 surfaces	
2543	Onlay, metallic, 3 surfaces	
2544	Onlay, metallic, 4 or more surfaces	
ADA Code	Description	Copay
2740	Crown, porcelain/ceramic substrate	

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Name of Proposer _____

2750	Crown, porcelain fused to high noble metal	
2751	Crown, porcelain fused to predominantly base metal	
2752	Crown, porcelain fused to noble metal	
2780	Crown, 3/4 cast high noble metal	
2781	Crown, 3/4 cast predominantly base metal	
2782	Crown, 3/4 cast noble metal	
2790	Crown, full cast high noble metal	
2791	Crown, full cast predominantly base metal	
2792	Crown, full cast noble metal	
2910	Recement inlay	
2920	Recement crown	
2930	Prefabricated stainless steel crown, primary tooth	
2931	Prefabricated stainless steel crown, permanent tooth	
2932	Prefabricated resin crown	
2933	Prefabricated stainless steel crown with resin window	
2940	Sedative filling	
2950	Core buildup, including pins	
2951	Pin retention in addition to restoration, per tooth	
2952	Cast post and core, in addition to crown	
2954	Prefabricated post and core in addition to crown	
2960	Labial veneer, resin laminate, chairside	
6210	Pontic, cast high noble metal	
6211	Pontic, cast fused to predominantly base metal	
6212	Pontic, cast noble metal	
6240	Pontic, porcelain fused to high noble metal	
6241	Pontic, porcelain fused to predominantly base metal	
6242	Pontic, porcelain fused to noble metal	
6245	Pontic, porcelain/ceramic substrate	
6740	Crown, porcelain/ceramic substrate	
6750	Crown, porcelain fused to high noble metal	
6751	Crown, porcelain fused to predominantly based metal	
6752	Crown, porcelain fused to noble metal	
6780	Crown, 3/4 cast high noble metal	
6781	Crown, 3/4 cast predominantly base metal	
6782	Crown, 3/4 cast noble metal	
ADA Code	Description	Copay
6790	Crown, full cast high noble metal	
6791	Crown, full cast predominantly base metal	

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6792	Crown, full cast noble metal	
9999.6810	Complex rehabilitation, additional charge per unit for multiple crown units/complex rehabilitation (6 or more units of crown and/or bridge)	
6930	Recement fixed partial denture	
	Endodontics	
3110	Pulp cap, direct, excluding final restoration	
3120	Pulp cap, indirect, excluding final restoration	
3220	Therapeutic pulpotomy, excluding final restoration	
3221	Gross pulpal debridement, primary and permanent teeth	
3310	Anterior root canal, excluding final restoration, permanent tooth	
3320	Bicuspid root canal, excluding final restoration, permanent tooth	
3330	Molar root canal, excluding final restoration, permanent tooth	
3331	Treatment of root canal obstruction, non-surgical access	
3332	Incomplete endodontic therapy, inoperable or fractured tooth	
3333	Internal root repair of perforation defects	
3346	Retreatment of previous root canal therapy, anterior	
3347	Retreatment of previous root canal therapy, bicuspid	
3348	Retreatment of previous root canal therapy, molar	
3410	Apicoectomy/periradicular surgery, anterior	
3421	Apicoectomy/periradicular surgery, bicuspid, first root	
3425	Apicoectomy/periradicular surgery, molar, first root	
3426	Apicoectomy/periradicular surgery, each additional root	
3430	Retrograde filling, per root	
	Periodontics	
9999.4110	Periodontal evaluation and treatment plan	
4210	Gingivectomy or gingivoplasty, per quadrant	
4211	Gingivectomy or gingivoplasty, per tooth	
ADA Code	Description	Copay
4240	Gingival flap procedure, including root planing, per quadrant	
4245	Apically positioned flap	

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4249	Clinical crown lengthening, hard tissue	
4260	Osseous surgery, including flap entry and closure, per quadrant	
9999.4265	Osseous surgery, 1 tooth	
9999.4269	Osseous surgery, 2-4 teeth	
4263	Gone replacement graft, first site in quadrant	
4264	Bone replacement graft, each additional site in quadrant	
4266	Guided tissue regeneration, resorbable barrier, per site	
4267	Guided tissue regeneration, nonresorbable barrier, per site, includes membrane removal	
4270	Pedicle soft tissue graft procedure	
4271	Free soft tissue graft procedure, including donor site surgery	
4341	Periodontal scaling and root planing, per quadrant (limit 4 quadrants per consecutive 12 months)	
9999.4344	Periodontal scaling and root planing, 1 tooth (per quadrant, limit 4 quadrants per consecutive 12 months)	
9999.4346	Periodontal scaling and root planing, 2-4 teeth (per quadrant, limit 4 quadrants per consecutive 12 months)	
4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis (1 per lifetime)	
4381	Localized delivery of chemotherapeutic agents via controlled release vehicle, per tooth, by report	
4910	Periodontal maintenance procedure, following active therapy (limit 2 within 12 months)	
9940	Occlusal guards, by report	
9951	Occlusal adjustment, limited	
9952	Occlusal adjustment, complete	
	Prosthetics	
5110	Complete denture, maxillary	
5120	Complete denture, mandibular	
5130	Immediate denture, maxillary	
5140	Immediate denture, mandibular	
5211	Maxillary partial denture, resin base, including conventional clasps, rests, teeth	
ADA Code	Description	Copay
5212	Mandibular partial denture, resin base, including conventional clasps, rests, teeth	

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5213	Maxillary partial denture, cast metal framework with resin denture bases, including conventional clasps, rests, teeth	
5214	Mandibular partial denture, cast metal framework with resin denture bases, including conventional clasps, rests, teeth	
5410	Adjust complete denture, maxillary	
5411	Adjust complete denture, mandibular	
5421	Adjust partial denture, maxillary	
5422	Adjust partial denture, mandibular	
	Repairs to Prosthetics	
5510	Repair broken complete denture base	
5520	Replace missing or broken teeth, complete denture, each tooth	
5610	Repair resin denture base	
5630	Repair or replace broken clasp	
5640	Replace broken teeth, per tooth	
5650	Add tooth to existing partial denture	
5660	Add clasp to existing partial denture	
	Denture Relining	
5710	Rebase complete maxillary denture	
5711	Rebase complete mandibular denture	
5720	Rebase maxillary partial denture	
5721	Rebase mandibular partial denture	
5730	Reline complete maxillary denture, chairside	
5731	Reline complete mandibular denture, chairside	
5740	Reline maxillary partial denture, chairside	
5741	Reline mandibular partial denture, chairside	
5750	Reline complete maxillary denture, laboratory	
5751	Reline complete mandibular complete denture, laboratory	
5760	Reline maxillary partial denture, laboratory	
5761	Reline partial mandibular denture, laboratory	

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ADA Code	Description	Copay
	Interim Dentures	
5810	Interim complete denture, maxillary	
5811	Interim complete denture, mandibular	
5820	Interim partial denture, maxillary	
5821	Interim partial denture, mandibular	
	Oral Surgery	
7110	Extraction, single tooth	
7120	Extraction, each additional tooth	
7130	Root removal, exposed roots	
7210	Surgical extraction erupted tooth	
7220	Removal of impacted tooth, soft tissue	
7230	Removal of impacted tooth, partial 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	
7260	Oroantral fistula closure	
7270	Tooth reimplantation	
7280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons, excluding wisdom teeth	
7281	Surgical exposure of impacted or unerupted tooth to aid eruption	
7285	Biopsy of oral tissue, hard (bone, tooth)	
7286	Biopsy of oral tissue, soft	
7310	Alveoplasty in conjunction with extractions, per quadrant	
7320	Alveoplasty not in conjunction with extractions, per quadrant	
7450	Removal of odontogenic cyst or tumor, up to 1.25 cm	
7451	Removal of odontogenic cyst or tumor, greater than 1.25 cm	
7471	Removal of exostosis, per site	
7510	Incision and drainage of abscess, intraoral soft issue	
7960	Frenulectomy (frenectomy or frenectomy), separate procedure	
	Description	Copay

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ADA Code		
	Orthodontics	
9999.801	Orthodontic evaluation	
9999.802	Orthodontic treatment plan and records	
9999.8025	Removable and/or fixed appliance insertion for interceptive treatment	
9999.8026	Fixed appliance insertion (banding) for comprehensive treatment	
	Interceptive orthodontic treatment, Class I, II, III malocclusion	
	children, up to 19th birthday	
	adults	
9999.875	Retention, post treatment stabilization, includes appliances and treatment	
	General Anesthesia/IV Sedation	
9220	General anesthesia, first 30 minutes	
9221	General anesthesia, each additional 15 minutes	
9241	Intravenous sedation/analgesia, first 30 minutes	
9242	Intravenous sedation/analgesia, each additional 15 minutes	
	Emergency Services	
9999.0140/ 9999.9110	Emergency exam and visit, pain relief treatment during regularly scheduled office hours	
9440	Office visit after regularly scheduled hours	
	Broken Appointment	
9999.0095	Broken appointment, less than 24 hours notice, per 15 minute appointment	
	Maximum fee for broken appointment	
	Sealant	
	Prophylaxis	
	Any other appointment	

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9.5 Network Summary

Please list the current number of DHMO dentists by category by county. For general dentists, list only those currently accepting members.

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

Please list the current number of PPO dentists by category by county.

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

(SEE ATTACHED EXHIBIT 9.5 CURRENT DENTAL PROVIDERS NETWORK SUMMARY - EXCEL FILE), FOR YOUR COMPLETION.

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9.6 Fully Insured Premium Forms (See Attached Word Document called Premium Forms).

Please provide premium as even numbers for payroll purposes.

DHMO Plan

Four Tier Premium

Employee _____

Employee & Spouse _____

Employee & Child(ren) _____

Family _____

The premiums listed above are guaranteed for three years.

City of Fort Lauderdale - RFP # 532-8789 Group Dental Plans

Name of Proposer _____

PPO Plan

Four Tier Premium

Employee _____

Employee & Spouse _____

Employee & Child(ren) _____

Family _____

The premiums listed above are guaranteed for three years.

City of Fort Lauderdale - RFP # 532-8789 Group Dental Plans

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9.7 Reference Forms (See Attached Word Document called Reference Forms)

- 1. Name of Company _____
 Total Number of Full Time Employees _____
 Name of Contact _____
 Title of Contact _____
 Telephone number _____
 Fax number _____
 Type of benefits provided _____
 Number of employees covered _____
 Plan inception date _____

- 2. Name of Company _____
 Total Number of Full Time Employees _____
 Name of Contact _____
 Title of Contact _____
 Telephone number _____
 Fax number _____
 Type of benefits provided _____
 Number of employees covered _____
 Plan inception date _____

- 3. Name of Company _____
 Total Number of Full Time Employees _____
 Name of Contact _____
 Title of Contact _____
 Telephone number _____
 Fax number _____
 Type of benefits provided _____
 Number of employees covered _____
 Plan inception date _____

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Name of Proposer _____

Reference forms, continued

- 4. Name of Company _____
- Total Number of Full Time Employees _____
- Name of Contact _____
- Title of Contact _____
- Telephone number _____
- Fax number _____
- Type of benefits provided _____
- Number of employees covered _____
- Plan inception date _____

- 5. Name of Company _____
- Total Number of Full Time Employees _____
- Name of Contact _____
- Title of Contact _____
- Telephone number _____
- Fax number _____
- Type of benefits provided _____
- Number of employees covered _____
- Plan inception date _____

DHMO Providers

TIN	Full Name	City	State	Zip	# of Claims	# Assigned Members	In PPO Network ?	In DHMO Network ?
D0000113	BAYVIEW DENTAL ASSOCIATES	FT LAUDERDALE	FL	33308	53	81		
D0000112	MICHAEL BARNARD	FT LAUDERDALE	FL	33312	37	78		
D0002764	SUNRISE INTRACOASTAL DENTAL	FORT LAUDERDALE	FL	33304	1	59		
D0003418	ELIZABETH FLOWERS	LAUDERHILL	FL	33312	2	41		
D0004354	GENTLE DENTAL GROUP/PLANTATION	PLANTATION	FL	33324	22	35		
D0003682	DENTAL CARE CENTER OF HOLLYWOOD	HOLLYWOOD	FL	33021	11	31		
D0004736	TLC DENTAL EAST	FT LAUDERDALE	FL	33306	16	28		
D0003282	DENTALAND OF CORAL SPRINGS	CORAL SPRINGS	FL	33076	8	26		
D0000133	HARVEY GARRISON	LAUDERDALE LAKES	FL	33313	3	21		
D0002962	GENTLE FAMILY DENTISTRY	PLANTATION	FL	33324	2	20		
D0000182	PLANTATION DENTAL SERVICES	PLANTATION	FL	33324	2	20		
D0004192	PHILIP PINE	LAUDERHILL	FL	33319	16	20		
D0004191	PHILIP PINE	POMPANO BEACH	FL	33060	5	15		
D0003681	THAKER & SHROFF	PLANTATION	FL	33322	4	15		
D0003225	DENTAL HEALTH GROUP AT PEMBROKE	PEMBROKE PINES	FL	33025	20	12		
D0003742	DENTAL TEAM OF POMPANO BEACH	POMPANO BEACH	FL	33062	8	12		
D0005179	TLC DENTAL - LAUDERHILL	LAUDERHILL	FL	33313	8	12		
D0002043	PEMBROKE PINES DENTAL HEALTH C	PEMBROKE PINES	FL	33028	6	12		
D0003679	THAKER & SHROFF	TAMARAC	FL	33319	3	12		
D0000128	RONALD OKLIN	HOLLYWOOD	FL	33023	9	10		
D0003419	MBN DENTAL SERVICES	PLANTATION	FL	33317	3	10		
D0004785	MICHAEL J FRIEND	PLANTATION	FL	33324	1	10		
D0004479	GENTLE DENTAL OF POMPANO BEACH	POMPANO BEACH	FL	33062	16	9		
D0003745	DENTAL HEALTH GROUP CORAL SP	CORAL SPRINGS	FL	33071	3	7		
D0003645	DENTALAND OF FT PIERCE	FT PIERCE	FL	34982	6	6		
D0005211	RICHARD KARAM DDS	PEMBROKE PINES	FL	33024	3	5		
D0003382	DENTALAND AT AVENTURA	AVENTURA	FL	33180	13	5		
D0004771	GREENBERG DENTAL	KISSIMMEE	FL	34744	6	4		
D0003195	DENTAL HEALTH GROUP AT STUART	STUART	FL	34997	2	4		
D0004038	TLC DENTAL NORTH	N LAUDERDALE	FL	33068	2	4		
D0002173	CASTLE DENTAL	CRYSTAL RIVER	FL	34429	3	3		
D0003194	DENTAL HEALTH GROUP AT IVES DA	N MIAMI BEACH	FL	33179	1	3		
D0003524	DENTALAND OF JENSEN BEACH	JENSEN BEACH	FL	34957	1	3		
D0003555	APPLE DENTAL	LARGO	FL	33773	6	2		
D0001945	UNITED DENTAL GROUP	SATELLITE BEACH	FL	32937	4	2		
D0004105	GREENBERG DENTAL ASSOCIATES	DAYTONA BEACH	FL	32114	2	2		
D0004039	TLC DENTAL-DANIA	DANIA	FL	33004	2	2		
D0001698	DENTAL OFFICE AT CVS	FT LAUDERDALE	FL	33316	12	2		
D0000109	GREENBERG DENTAL ASSOCIATES	DELAND	FL	32720	4	1		
D0002046	WESTSIDE DENTAL	WEST PALM BEACH	FL	33411	2	1		
D0003383	DENTALAND OF DELRAY	DELRAY BEACH	FL	33483	1	1		
D0000178	GREENBERG DENTAL ASSOCIATES	ORLANDO	FL	32818	1	1		
D1500005	NORKIN AND EFFREN	LIGHTHOUSE POINT	FL	33064	3	0		
D1001547	SUNRISE CENTER FOR DENTAL SPEC	PLANTATION	FL	33322	6	0		
D1500828	DENTAL SPEC GROUP OF PINELLAS	PINELLAS PARK	FL	33781	2	0		
D1500007	NEIL BAKER	TAMARAC	FL	33321	2	0		
D1500933	H & K ENDODONTICS	PLANTATION	FL	33324	2	0		
D1500769	SUNRISE CENTER FOR DENTAL SPEC	PLANTATION	FL	33322	2	0		
D1500008	PEMBROKE DENTAL ASSOCIATES	PEMBROKE PINES	FL	33026	2	0		
D1500543	DENTAL TEAM OF BOCA RATON	BOCA RATON	FL	33434	2	0		
D1500763	ENDODONTIC SPEC GROUP	PEMBROKE PINES	FL	33027	3	0		
D4000029	LARRY L SHAPIRO	CORAL SPRINGS	FL	33071	2	0		
D4000012	PLANTATION DENTAL SERVICES	PLANTATION	FL	33324	1	0		
D4000981	THE DENTAL TEAM OF POMPANO BEA	POMPANO BEACH	FL	33062	2	0		
D1001521	GENTLE DENTAL GROUP	PLANTATION	FL	33324	2	0		
D3000927	FREEDMAN & SPOONT PA	BOCA RATON	FL	33433	3	0		
D1500418	DENTAL SPECIALTY CENTER AT SUN	PLANTATION	FL	33322	3	0		
D4001218	SUNRISE CENTER FOR DENTAL SPEC	PLANTATION	FL	33322	3	0		
D1000003	THE CENTER FOR JAW SURGERY	HOLLYWOOD	FL	33021	2	0		
D1000932	DENTAL SPECIALTY CENTER	PEMBROKE PINES	FL	33024	5	0		
D4000568	DAN MAZOR	N MIAMI BEACH	FL	33162	1	0		
D1001319	ANTHONY RAGONESE	FT LAUDERDALE	FL	33306	1	0		
D4001230	GENTLE DENTAL GROUP	POMPANO BEACH	FL	33062	1	0		
D1500756	GENTLE DENTAL GROUP	PLANTATION	FL	33324	1	0		
D1500553	DENTAL TEAM OF POMPANO BEACH	POMPANO BEACH	FL	33062	1	0		

DHMO Providers

TIN	Full Name	City	State	Zip	# of Claims	# Assigned Members	In PPO Network ?	In DHMO Network ?
D1500417	DENTAL SPECIALTY CENTER	PEMBROKE PINES	FL	33024	2	0		
D1500726	DENTALAND OF JENSEN BEACH	JENSEN BEACH	FL	34957	1	0		
D4001125	COSMETIC & FAMILY DENTISTRY	POMPANO BEACH	FL	33060	1	0		
D4001228	GENTLE DENTAL GROUP	N MIAMI BEACH	FL	33179	1	0		
D1001130	DENTALAND OF CORAL SPRINGS	CORAL SPRINGS	FL	33076	1	0		
D1000701	ROBERT CHUONG MD	ST PETERSBURG	FL	33704	2	0		
D7500964	HAROLD ODLE	FT PIERCE	FL	34982	1	0		
D4000010	WILLIAM MYONES	PEMBROKE PINES	FL	33027	1	0		
D1000875	PAUL RICHMAN	N MIAMI	FL	33161	1	0		
D1001131	DENTALAND AT AVENTURA	AVENTURA	FL	33180	1	0		
D1001763	MICHELE MATOUK DDS	FT LAUDERDALE	FL	33306	1	0		
D3001128	ORTHO-PEDO ASSOCIATES PA	CORAL SPRINGS	FL	33071	1	0		
D3000005	RONALD A GEORGE	PLANTATION	FL	33317	2	0		
D1001572	DENTAL SPEC CENTER OF SUNRISE	PLANTATION	FL	33322	3	0		
D3000201	DENTAL HEALTH GROUP AT PEMBROK	PEMBROKE PINES	FL	33025	1	0		
D1500541	DENTALAND OF CORAL SPRINGS	CORAL SPRINGS	FL	33076	1	0		
D4000768	DENTAL HEALTH GROUP AT PEMBROK	PEMBROKE PINES	FL	33025	1	0		
D4000546	ADVANCED DENTAL CENTER	LAUDERHILL	FL	33319	1	0		
D0000193	SAWGRASS DENTAL CENTER	SUNRISE	FL	33323	8	0		
D0004747	GENTLE DENTAL OF N MIAMI BEACH	N MIAMI BEACH	FL	33179	5	0		
D0003995	DEAN TEAM OF CORAL SPRINGS	CORAL SPRINGS	FL	33071	4	0		
D0003746	DENTAL TEAM OF BOYNTON BEACH	BOYNTON BEACH	FL	33435	1	0		
D4000802	DENTALAND AT AVENTURA	AVENTURA	FL	33180	1	0		
D0003993	THE DENTAL TEAM OF DEERFIELD B	DEERFIELD BEACH	FL	33442	1	0		

DHMO DDS - # EE's

PCD ID	PCD Name	# EE's	In DHMO Network?
0000195	3 Lakes Dental Center	5	
0004038	Affordable Dental Center	1	
0000194	Allen H Rosenthal DDS	4	
0003994	AMERICARE DENTAL, INC.	7	
0003283	Anna Ostrovsky DMD PA	7	
0003555	APPLE DENTAL	2	
0000113	Bayview Dental Associates	81	
0004241	BDC Dental	2	
0004242	BDC Dental Health	32	
0000351	BENTON ROTHFIELD	9	
0000275	BIRNS AND BIRNS	4	
0004219	Broward Dental Office	15	
0004188	Cano Family Dental	2	
0002173	CASTLE DENTAL	3	
0001698	CHAIT DDS, ROBERT E	4	
0004784	Crescent Dental PA	6	
0000270	DEERFIELD DENTAL SERVICES	4	
0005596	Dental Associates of South Broward	1	
0003682	DENTAL CARE CENTER OF HOLLYWOOD	31	
0003180	DENTAL HEALTH CENTER	2	
0003745	DENTAL HEALTH GROUP @ CORAL SPRINGS	7	
0003194	Dental Health Group at Ives Dairy	3	
0003225	DENTAL HEALTH GROUP AT PEMBROKE PINES	12	
0003195	DENTAL HEALTH GROUP AT STUART	4	
0001698	Dental Office at Eckerd	2	
0003838	Dental Partners of Weston	1	
0003746	DENTAL TEAM OF BOYNTON BEACH	1	
0003995	Dental Team of Coral Springs	4	
0003742	Dental Team of Pompano Beach	12	
0003382	Dentaland at Aventura	5	
0003282	Dentaland of Coral Springs	26	
0003383	Dentaland of Delray	1	
0003645	Dentaland of Ft Pierce	6	
0003524	Dentaland of Jensen Beach	3	
0002021	DR STEVEN MAUTNER	2	
0003360	DRS GORFIEN & JACOBSON PA	1	
0003674	EDWARD C DESJARDINS DDS	1	
0003995	ELEFANT, DDS, JACOB	1	
0003418	ELIZABETH FLOWERS DMD	41	
0000136	Family Dental Assoc	16	
0004545	Family Dental of Hollywood	7	
0003524	FEINGOLD, JEFFREY	1	
0003314	FLORIDA GARDENS DENTAL CENTER	1	
0003419	FLOWERS, DMD, ELIZABETH	1	
0000197	G & G DENTAL ASSOCIATES	12	
0004354	Gentle Dental Group of Plantation	35	
0004479	Gentle Dental Group of Pompano Beach	9	
0002962	GENTLE FAMILY DENTISTRY	20	
0004771	Greenberg Dental	4	
0000109	Greenberg Dental Associates	1	
0000178	GREENBERG DENTAL ASSOCIATES	1	
0004105	Greenberg Dental Associates	2	
0000253	Happy Face Dental Clinic	3	
0000262	Harry D Berkowitz DMD	4	
0000133	HARVEY GARRISON DDS	21	

DHMO DDS - # EE's

PCD ID	PCD Name	# EE's	In DHMO Network?
0004189	Igor Pasisnitchenko DDS	10	
0004019	ILYA STEIN DMD	1	
0004266	JACK RIBACOFF DDS	3	
0001673	JEFFREY S MERAL DDS PA	7	
0004035	JOHARY, DMD, C. F.	2	
0000271	LAUDERHILL DENTAL CENTER	26	
0001951	LAUDERHILL DENTAL CENTER	2	
0002614	Leonard Kessler DDS PA	8	
0000238	Manhattan Dental	5	
0003419	MBN DENTAL SERVICES	10	
0000267	MERRITT D HALEM DDS PA	2	
0000112	MICHAEL BARNARD DDS	78	
0004785	MICHAEL J FRIEND DMD PA	10	
0001673	Midwest Dental	5	
0003773	North Dade Dental Group	3	
0004194	Northeast Family Dentistry	1	
0000310	Pembroke Pines Dental Associates	1	
0002043	Pembroke Pines Dental Health Center	12	
0004191	PHILIP PINE DDS PA	15	
0004192	PHILIP PINE DDS PA	20	
0001755	Pines Dental Associates	5	
0000182	PLANTATION DENTAL SERVICES	20	
0000276	PLANTATION PARK DENTAL ASSOCIATES	22	
0003774	PREMIERE DENTAL CARE CENTER	4	
0005211	RICHARD KARAM DDS	5	
0003554	Robert J Cohen DDS	1	
0002019	ROHITKUMAR S PATEL DDS	8	
0000128	RONALD OKLIN DDS	10	
0001773	ROYAL OAKS DENTAL	1	
0005463	Sawgrass Dental Center	7	
0003820	SIMMONDS DENTAL ASSOCIATES	1	
0005447	Sonya D Lewis DMD PA	3	
0000309	Stephen Rothenberg DDS	5	
0002207	Sunrise Dental	12	
0000258	Sunrise Dental Center	1	
0004903	Sunrise Dental Group	1	
0002764	Sunrise Intracoastal Dental	59	
0002765	SUNSET LAKES DENTAL & ORTHODONTIC	7	
0001654	Tamarac Dental Place	3	
0003679	Thaker & Shroff DDS PA	12	
0003680	Thaker & Shroff DDS PA	4	
0003681	Thaker & Shroff DDS PA	15	
0003993	The Dental Team of Deerfield Beach	3	
0005179	TLC Dental Lauderhill	12	
0004038	TLC Dental North	4	
0004039	TLC Dental-Dania	2	
0004736	TLC DENTAL-EAST	28	
0001945	United Dental Group	2	
0004501	WESTON FAMILY DENTAL CENTERS INC	9	
0002046	Westside Dental	1	

PPO Contracted Providers

TIN	Full Name	City	State	Zip	Number of Claims	Charges	Paid	In PPO Network?	In DHMO Network?
651007689	ELIZABETH ROTHFIELD	HOLLYWOOD	FL	330216501	67	13,842.00	4,577.20		
202058007	JAYSON LEIBOWITZ	PLANTATION	FL	33324	73	10,128.00	6,787.60		
650506593	MICHAEL ANCONA	COOPER CITY	FL	33330	24	9,208.00	2,645.40		
650782157	DAVID FEINERMAN	BOYNTON BEACH	FL	334364501	1	9,000.00	0.00		
650327689	DOUGLAS N PYSER	FT LAUDERDALE	FL	333087109	20	8,517.00	5,335.80		
591350878	IRA STONE	HOLLYWOOD	FL	33021	9	7,765.00	3,685.80		
592681987	MICHAEL BARNARD	FT LAUDERDALE	FL	33312	20	7,724.00	2,012.40		
650456698	BRAD W GRAFF	FT LAUDERDALE	FL	333128502	22	7,154.00	3,012.00		
591928451	B H WIENER	FT LAUDERDALE	FL	33301	8	6,525.00	4,458.00		
481276726	MEHRAN KHAZIAN	OCEANSIDE	CA	92054	3	6,447.00	1,332.80		
592043705	KEVIN PAYTON	PLANTATION	FL	333247809	5	6,411.00	3,909.00		
650633037	GIANNINA DAMIAN	HIALEAH	FL	330146135	4	6,145.32	2,798.24		
650271151	ROBERT A ADAMI	HOLLYWOOD	FL	330261400	10	6,129.00	1,458.80		
592208015	WILLIAM ZENGA	SUNRISE	FL	333223003	10	6,024.00	2,387.00		
943420892	NADJA A HORST	FT LAUDERDALE	FL	33301	24	5,899.00	1,849.20		
650626785	EDUARDO BLANCO	POMPANO BEACH	FL	330625239	28	5,779.00	2,356.20		
650216227	GEORGE D GREEN	CORAL SPRINGS	FL	33071	16	5,740.00	2,355.60		
592502342	ROBERT W SHECTMAN	PLANTATION	FL	33324	8	5,598.00	1,252.00		
650720179	GERMAN SANTANA	HOLLYWOOD	FL	33020	5	5,595.00	1,890.60		
651146878	PETER FUERST	SUNRISE	FL	33322	4	5,588.00	1,804.00		
592792670	ED JUSZAK	CORAL SPRINGS	FL	33071	13	5,572.00	2,038.00		
591273519	JAMES D SANDS	DAVIE	FL	33314	3	5,490.00	1,344.00		
592603212	DAVID KNIGHT	PLANTATION	FL	333243345	5	5,255.00	2,698.00		
650977033	JOHN S BAZOS	CORAL SPRINGS	FL	33067	40	5,098.00	2,873.20		
592545280	BRIAN COHEN	BOCA RATONNGS	FL	33434	2	4,936.99	767.43		
650003241	JOSEPH C BELOTTO	FT LAUDERDALE	FL	33308	16	4,815.00	1,542.00		
650461896	ARMANDO BLARDONIS	TAMARAC	FL	33321	4	4,585.00	1,168.00		
592719039	JOSEPH M CAMUCCIO	POMPANO BEACH	FL	33062	13	4,540.00	2,851.20		
200536461	RONALD OKLIN	HOLLYWOOD	FL	330232620	11	4,455.00	1,534.00		
650640571	MICHAEL D FLAX	CORAL SPRINGS	FL	33065	1	4,430.00	1,353.00		
650176545	DOUGLAS A GOLDBERG	CORAL SPRINGS	FL	33065	6	4,376.00	1,500.00		
650013020	JOSEPH A ZERULIK	PLANTATION	FL	33317	14	4,359.00	2,002.40		
650461148	ALEX CARDOUNEL	FT LAUDERDALE	FL	333084110	15	4,064.00	1,273.80		
202331928	MICHEL MATOUK	FT LAUDERDAL	FL	33306	10	3,984.00	3,549.00		
650873387	DAVID K WARNER	FT LAUDERDALE	FL	33311	13	3,980.00	1,471.20		
651056720	THE DENTAL TEAM OF POMPANO BCH	POMPANO BEACH	FL	33062	12	3,926.00	2,383.00		
651055868	CRAIG E MESKIN	CORAL SPRINGS	FL	33067	4	3,909.00	629.20		
650787194	H PAUL TAYLOR	W LAUDERHILL	FL	33319	14	3,804.00	1,743.20		
650286174	MICHAEL S GORFINKEL	PLANTATION	FL	33324	13	3,723.00	1,663.40		
651158574	MARTIN WEXLER	DEERFIELD BEACH	FL	334415609	7	3,716.00	1,290.40		
650803400	JOHN MOUSHATI	FT LAUDERDALE	FL	333051428	5	3,695.00	1,577.00		
650985810	JAMES T YANG	PLANTATION	FL	33322	6	3,687.50	1,852.50		
592596416	R FALLAH	LAUDERHILL	FL	333192155	17	3,637.00	1,040.20		
138327469	MICHAEL GOLDBERG	OAKLAND PARK	FL	333111243	17	3,601.00	1,182.00		

PPO Contracted Providers

TIN	Full Name	City	State	Zip	Number of Claims	Charges	Paid	In PPO Network?	In DHMO Network?
592427954	JEFFREY F ELLIOT	CORAL SPRINGS	FL	330655057	3	3,331.00	2,770.00		
510446273	STEPHEN NAJARIAN	PLANTATION	FL	33324	5	3,258.00	1,606.20		
591535256	LANNY GARVAR	TAMARAC	FL	33321	7	3,249.00	1,715.00		
650140275	AZITA MOOSAVI	WESTON	FL	33331	8	3,235.00	790.00		
010718993	TATYANA NUDEL	PARKLAND	FL	33073	16	3,213.00	1,327.00		
650886538	DAVID RUBIN	FT LAUDERDALE	FL	33316	4	3,165.00	1,886.00		
591541047	JAMES G BENNETT JR	POMPANO BEACH	FL	33064	28	3,090.00	2,739.00		
592093777	MICHAEL SCHENKMAN	MIAMI	FL	331564445	14	2,995.00	1,595.40		
650719035	DHG PEMBROKE PINES	PEMBROKE PINES	FL	33025	16	2,921.00	1,639.00		
562362708	MICHAEL BENHAMU	LAUDERDALE LAKES	FL	333131819	6	2,830.00	670.00		
650632466	LILIANA J HERNANDEZ	FT LAUDERDALE	FL	333161958	7	2,820.00	1,732.40		
030474754	OSCAR GONZALEZ	DAVIE	FL	33330	1	2,820.00	321.00		
592222337	ALLEN HOROWITZ	HOLLYWOOD	FL	33021	1	2,780.00	1,500.00		
650161011	MARK A ROMER	LAUDERHILL	FL	33313	3	2,767.00	1,079.20		
030215982	DAVID CONGALTON	RICHFORD	VT	05476	8	2,636.00	1,180.00		
650923653	HOWARD R CUNNINGHAM	FT LAUDERDALE	FL	333061106	4	2,585.00	640.20		
650165775	H G HOSSEINI	FT LAUDERDALE	FL	33326	2	2,545.00	1,005.20		
650080586	THOMAS A ROTH	POMPANO BEACH	FL	33069	4	2,545.00	1,132.20		
592665788	PHILIP PINE	POMPANO BEACH	FL	33060	10	2,540.00	1,463.80		
591263751	BARRY A BLUTH	DAVIE	FL	333143459	5	2,517.00	1,416.40		
592576070	LEE J ALEXANDER	FT LAUDERDALE	FL	333151241	14	2,511.00	1,696.00		
742553959	KENT M HAMILTON	SAN ANTONIO	TX	782324354	2	2,505.00	1,459.00		
650628374	ALBERT LUCAS	PEMBROKE PINES	FL	330246137	3	2,418.26	967.35		
089384318	GERALD M WEISS	PLANTATION	FL	33324	10	2,385.00	1,544.00		
651005875	PHILIP PINE	LAUDERHILL	FL	33319	10	2,370.00	1,138.60		
591947135	RICHARD MAUTNER	MIAMI BEACH	FL	33140	3	2,345.00	952.00		
650161743	BRENT J BRACCO	FT LAUDERDALE	FL	33308	10	2,261.00	1,789.20		
650271151	ARMANDO TORAL	HOLLYWOOD	FL	33026	12	2,237.00	983.40		
650975638	KATHY GARCIA	PLANTATION	FL	33324	15	2,206.75	1,589.00		
650941219	ALFREDO SANTEIRO	MIAMI BEACH	FL	331404723	3	2,190.00	1,422.80		
202058007	MARY ANN PALENZUELA	PLANTATION	FL	33324	15	2,189.00	1,716.20		
650908498	JARED W WOOLF	PLANTATION	FL	33324	8	2,177.00	877.00		
651056720	DENTAL TEAM OF CORAL SPRINGS	CORAL SPRINGS	FL	33071	4	2,171.00	540.40		
651027688	DENISE BRADY	PEMBROKE PINES	FL	33026	3	2,149.00	517.00		
592655484	STEVEN M GILSON	PLANTATION	FL	33324	12	2,140.00	1,063.60		
201185326	MAHESWAR V RAMPERTAAP	CORAL SPRINGS	FL	33065	8	2,124.00	1,579.00		
650028976	RAVIN MEHTA	LAUDERHILL	FL	333114122	7	2,115.00	1,485.40		
591541047	ROBERT C STEPHENS	CORAL SPRINGS	FL	33065	18	2,031.00	1,927.00		
104269238	STANLEY FROMMER	SUNNY ISLES	FL	33160	4	2,007.00	1,374.20		
562338791	LARRY B KAWA	BOCA RATON	FL	334986797	3	1,916.16	1,149.72		
650313868	CLAUDIA I DILORETO	DAVIE	FL	333245845	12	1,893.00	655.00		
592530483	B LINDA ONGLEY	PLANTATION	FL	33322	6	1,890.00	1,325.00		
650573306	NICK LEKKAS	PEMBROKE PINES	FL	33027	2	1,890.00	1,080.60		
591947135	STEVEN OPPENHEIMER	MIAMI BEACH	FL	33140	1	1,805.00	712.00		

PPO Contracted Providers

TIN	Full Name	City	State	Zip	Number of Claims	Charges	Paid	In PPO Network?	In DHMO Network?
650216889	JACK J HIRSCHFELD	WEST PALM BEACH	FL	33406	2	1,795.00	1,500.00		
591479001	JOSEPH SPINGARN	TAMARAC	FL	333216110	4	1,752.00	1,114.80		
593475694	COAST DENTAL - POWDER SPRINGS	POWDER SPRINGS	GA	30127	7	1,747.00	1,202.80		
591541047	JERRY L KLEIN	CORAL SPRINGS	FL	33065	17	1,723.00	1,539.00		
650654799	CHRISTIAN M THOMAS	FT LAUDERDALE	FL	33306	13	1,685.00	1,436.00		
650717556	MITCHELL FEUER	HOLLYWOOD	FL	33020	8	1,677.00	1,053.80		
020659935	EDWARD R WALTERS	CORAL SPRINGS	FL	330717452	7	1,666.00	1,317.00		
650467796	BETTY GOTTFRIED	FT LAUDERDALE	FL	333053909	8	1,653.00	682.00		
592513548	ROBERT DEMICK	PLANTATION	FL	33322	4	1,650.00	1,536.00		
592229420	FRANK LIPSON	PLANTATION	FL	33317	13	1,649.00	1,217.00		
650767633	TO-NGUYEN T HOANG	BOYNTON BEACH	FL	33437	7	1,625.00	726.00		
650721202	FREDDY VALLEJO	PLANTATION	FL	33324	7	1,614.00	905.20		
650140275	GUILLERMO RODRIGUEZ	WESTON	FL	33331	12	1,589.00	802.00		
650509660	DANA A FAHEY	FT LAUDERDALE	FL	333043607	14	1,561.00	1,158.00		
202458040	RICHARD KARAM	PEMBROKE PINES	FL	33024	5	1,531.00	1,172.80		
592117575	MEL RICHARD KROHN	PLANTATION	FL	33317	1	1,512.00	1,094.00		
650976774	KIP RING	PLANTATION	FL	33317	13	1,507.00	1,070.00		
650387664	MARINO VIGNA	SUNRISE	FL	333136800	4	1,489.00	623.00		
030498095	JAMES J HORAN	STUART	FL	34994	6	1,485.00	771.00		
201594501	ODED YEOSHOUA	HOLLYWOOD	FL	330216795	3	1,474.00	1,151.00		
592603212	GRETCHEN HEINSEN	PLANTATION	FL	333243345	2	1,470.00	941.00		
593330287	LOUIS G PAYOR	WINTER PARK	FL	32792	1	1,450.00	1,106.00		
651081473	JULIA NEULS	PLANTATION	FL	333225426	3	1,448.00	886.40		
753136614	FRANK MAYE	BOCA RATON	FL	33433	3	1,420.00	1,127.00		
591931391	GARY NORKIN	LIGHTHOUSE POINT	FL	330646700	2	1,413.00	1,260.00		
591488215	JERALD RUBIN	HOLLYWOOD	FL	33021	1	1,360.00	780.00		
650232256	DENTALAND CORAL SPRINGS	CORAL SPRINGS	FL	33071	8	1,359.00	944.40		
592576070	ARIANNY AROCHA	FT LAUDERDALE	FL	333151241	8	1,326.00	861.00		
860702022	CECIL C BARTON	TUCSON	AZ	85739	2	1,326.00	544.60		
592185859	RICHARD M CALABRESE	CORAL SPRINGS	FL	330717048	8	1,309.00	988.60		
300136564	LANA RIETTIE	PEMBROKE PINES	FL	33024	5	1,225.00	231.00		
650915555	JUAN C BENITO	PLANTATION	FL	33317	5	1,222.00	633.00		
591586465	BRUCE R COHN	NORTH MIAMI BEACH	FL	331623711	3	1,195.00	348.00		
650019002	ROHITKUMAR PATEL	NORTH LAUDERDALE	FL	33068	14	1,190.00	1,170.00		
650937800	JAMES C ETLING	PALM CITY	FL	34990	1	1,181.25	678.75		
650700287	RONALD A GEORGE	PLANTATION	FL	333172813	6	1,166.00	1,090.00		
592492420	DAVID DELLO STRITTO	CORAL SPRINGS	FL	330718915	3	1,165.00	606.80		
650095994	ERIC H WALLACE	BOCA RATON	FL	334326016	12	1,154.00	746.00		
592318394	RICHARD W KRAMER	CORAL SPRINGS	FL	330674620	5	1,152.00	828.40		
202058007	BRENT HERBERT	PLANTATION	FL	33324	11	1,139.00	779.00		
161660208	C SHANE ROANE	FT LAUDERDALE	FL	33308	8	1,134.00	799.00		
020719232	RONIA BAKER	MIAMI BEACH	FL	33141	4	1,125.00	674.00		
650467002	MICHELE A DALLAS	FT LAUDERDALE	FL	33301	8	1,091.00	1,015.00		
680498361	DAVID G KEMP	CORAL SPRINGS	FL	33071	4	1,039.00	668.80		

PPO Contracted Providers

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650186812	YAGI K PATEL	BOCA RATON	FL	334284219	3	1,034.00	637.00		
593508140	COAST DENTAL SEBRING	SEBRING	FL	33870	6	1,028.00	410.00		
650904288	CRAIG SMITH	HOLLYWOOD	FL	330216505	11	1,022.00	628.00		
650875279	JACOB ELEFANT	DELRAY BEACH	FL	33483	3	990.00	514.00		
651030631	PATRICK ARNOLD	FT LAUDERDALE	FL	33308	8	966.00	924.00		
650006275	HARVEY S SHIFFMAN	TAMARAC	FL	33319	5	951.00	562.00		
592513548	ALLEN D PEARLMAN	PLANTATION	FL	33322	6	945.00	641.00		
592213429	JOSEPH C PASTURA	FT LAUDERDALE	FL	33306	3	945.00	508.00		
010574562	BRENT J JARRETT	MARGATE	FL	33063	4	944.00	586.20		
266604792	HERMAN ALLEN	FT LAUDERDALE	FL	333113400	3	925.00	347.00		
352507106	WUN SAN CHIOU	FORT LAUDERDALE	FL	33301	3	904.00	434.00		
650858283	LAUREN H MITCHELL	BOCA RATON	FL	334333424	2	860.00	432.00		
650225023	NIVIA CONTE	CORAL SPRINGS	FL	330716134	4	855.00	573.20		
650754991	JORDI X RODRIGUEZ	TAMARAC	FL	33321	5	840.00	380.00		
651130174	ALYNE TENDERO	HOLLYWOOD	FL	33024	2	832.00	215.00		
650156235	BARRY M MONTAG	PLANTATION	FL	33324	6	813.00	559.00		
651083048	CRAIG FRIEDMAN	WESTON	FL	33331	5	810.00	398.00		
050560957	STEVEN DIFILIPPO	SUNRISE	FL	33326	5	809.00	642.00		
650814908	JACK KRAUSER	BOCA RATON	FL	33486	2	805.00	488.00		
591862962	STEPHEN L DEVACK	TAMARAC	FL	333193307	3	794.00	521.00		
043708041	SINISA FIRIC	CORAL SPRINGS	FL	33067	1	775.00	712.00		
650088450	RICHARD REISS	FT LAUDERDALE	FL	33326	5	761.00	472.00		
650573306	JOSHUA A BOCKIAN	PEMBROKE PINES	FL	330271003	5	753.00	273.40		
265786718	RICHARD L SHERMAN	PEMBROKE PINES	FL	330243611	7	731.00	396.00		
591780642	BARRY KLIGERMAN	FT LAUDERDALE	FL	333084025	5	730.00	265.00		
591399832	DARREN B SNOW	HOLLYWOOD	FL	330213634	6	720.00	324.00		
650322438	ERIC MEHLER	SUNRISE	FL	33351	5	718.00	439.00		
592343174	JA LLERA	FORT LAUDERDALE	FL	33312	2	715.00	589.00		
300032687	YOLANDA P SOLARTE	WESTON	FL	33331	7	713.00	575.00		
592823728	FREDERIC I KAPLAN	PEMBROKE PINES	FL	330246455	1	712.00	712.00		
591790019	STEVEN MARGOLIN	MARGATE	FL	33063	4	706.00	198.00		
592030238	FREDERIC KIRSCH	CORAL SPRINGS	FL	33071	6	678.00	427.00		
830399635	ROBERT A CHERRY	SUNRISE	FL	33322	2	652.00	426.80		
591841784	MYRON B COHEN	HIALEAH	FL	330122970	1	650.00	377.00		
651029025	MARK COLIN	FT LAUDERDALE	FL	33306	5	645.00	227.20		
650534744	JOHN S LEDAKIS	WEST PALM BEACH	FL	334073820	2	642.00	217.00		
591535256	STANLEY STEWART	PLANTATION	FL	333172385	1	630.00	405.00		
731643763	ADRIANA C PORTER	LAUDERHILL	FL	33313	3	592.00	276.00		
520388413	ANDREW BERTNOLLI	FT LAUDERDALE	FL	33334	6	570.00	392.00		
650688337	DAVID S SIMON	TAMARAC	FL	33321	7	570.00	378.00		
593752296	FARA BENDER	LAKE WORTH	FL	33467	4	556.00	428.00		
650411776	TIN H HUI	NORTH MIAMI BEACH	FL	331624607	4	555.00	396.00		
650313868	YOLANDA SOLARTE	DAVIE	FL	33324	8	553.00	329.00		
650719035	DHG CORAL SPRINGS	CORAL SPRINGS	FL	33071	5	551.00	479.00		

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650246176	LAWRENCE A SPECTOR	CORAL SPRINGS	FL	330671993	4	545.00	538.00		
200797568	RAJVINDER DULAY	TAMARAC	FL	33321	4	545.00	313.00		
010576412	WILLIAM BARKINS	PEMBROKE PINES	FL	330271761	1	544.00	490.00		
061649219	KERI BASSUK	LAKE WORTH	FL	33460	5	542.00	386.00		
760706979	ARLENE R JAFFE	STUART	FL	349944531	5	533.00	411.00		
591542106	NORMAN R GORBACK	PLANTATION	FL	333171611	1	525.00	315.00		
591566153	GILBERT HIRSCHBERG	MARGATE	FL	33063	5	512.00	397.00		
650271151	CHARLES SHOFNOS	HOLLYWOOD	FL	330261400	4	506.00	352.00		
470915474	PETER M COLETTI	PLANTATION	FL	33317	3	467.00	314.00		
650047506	LUIS H LLAMAS	CORAL GABLES	FL	33146	2	444.00	444.00		
650161011	RONALD L HERBERT	LAUDERHILL	FL	333131411	5	434.00	223.00		
650873387	XIAOFANG CHENG	FT LAUDERDALE	FL	33311	2	430.00	192.00		
650825571	JOHN M GARCIA	DAVIE	FL	33331	7	428.00	346.00		
650719035	DHG PALM BEACH	PALM BEACH	FL	33408	3	427.00	392.00		
650446372	FELIPE NORENA	PLANTATION	FL	333226548	1	426.33	255.81		
592459372	ANN FREEDMAN	BOCA RATON	FL	334332388	4	426.00	393.00		
650353286	RONALD SLOANE	PEMBROKE PINES	FL	33026	2	413.00	318.00		
650713391	MICHAEL E NUDELBERG	POMPANO BEACH	FL	330607918	3	408.00	221.00		
220649207	DAVID BISTRITZ	NORTH MIAMI BEACH	FL	331602535	4	403.00	370.00		
650895720	VIRGINIA NOCE	CORAL SPRINGS	FL	33065	3	397.00	69.00		
650230289	DAVID ERDMAN	FT LAUDERDALE	FL	333042505	1	380.00	119.00		
591477469	MERRITT HALEM	MIAMI	FL	331792538	3	375.00	213.00		
592483145	PATRICIA TEMPLETON	PEMBROKE PINES	FL	330243611	2	364.00	274.00		
161630038	ERAN BERENSTEIN	HOLLYWOOD	FL	33021	3	359.00	158.00		
590145470	HAROLD HUI	NORTH MIAMI BEACH	FL	33162	1	355.00	198.00		
327629935	AUREL PUSCAS	HOLLYWOOD	FL	33020	1	340.00	275.00		
593723230	ALFRED E VIENER	LAKE WORTH	FL	33467	3	338.00	130.00		
591788725	FRANK GOBER	DEERFIELD BEACH	FL	334421484	3	336.00	158.00		
592550069	CHARLES S MANDELL	HOLLYWOOD	FL	33021	1	335.00	78.00		
591263751	NORMAN BLUTH	DAVIE	FL	333143459	2	327.00	287.00		
650669697	MARK BLUM	SUNRISE	FL	333516741	3	326.00	208.00		
592753930	JOSEPH J GORFIEN	LAUDERHILL	FL	333515740	3	324.00	214.00		
591235329	ALAN RICHTER	HOLLYWOOD	FL	33024	3	322.00	234.00		
266852476	RICHARD TOPOLSKI	HOLLYWOOD	FL	330213606	2	321.00	228.00		
592434372	PETER A ROSSEN	COCONUT CREEK	FL	33063	2	320.00	146.00		
542111345	MICHAEL R MINARS	HOLLYWOOD	FL	33021	1	319.76	191.85		
650469837	MANON HUTCHISON	COCONUT CREEK	FL	330732825	4	318.00	318.00		
591272231	JAMES A HALEY	FT LAUDERDALE	FL	333122729	3	317.00	148.00		
581442553	ROBERT P BEALS	MACON	GA	312012028	2	317.00	173.00		
650232256	DENTALAND OF BOYNTON BEACH	BOYNTON BEACH	FL	33426	4	310.00	122.00		
050539365	ANGELA BERKOVICH	DEERFIELD BEACH	FL	33441	4	300.00	152.00		
043661945	LEONID R BRISKIN	PLANTATION	FL	33322	2	299.00	162.00		
650808464	DONALD A ELSMAN	KEY LARGO	FL	33037	3	292.00	164.00		
592566623	JOHN F LARGEN	SUNRISE	FL	33323	2	270.00	138.00		

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650908498	JASON ZEIM	PLANTATION	FL	33324	2	255.00	140.00		
592469829	ALBERT R GEGERSON	DEERFIELD BEACH	FL	334421657	3	251.00	226.00		
593723230	LESTER GREENBERG	LAKE WORTH	FL	33467	1	250.00	38.00		
043688903	MICHAEL J FRIEND	PLANTATION	FL	33324	2	246.00	140.00		
067404614	GARY R ROSEN	MIAMI	FL	331767256	2	230.00	171.00		
591494360	ROBERT CHAIT	FT LAUDERDALE	FL	33316	3	222.00	222.00		
592431648	BRIAN SNYDER	CORAL SPRINGS	FL	33065	1	210.00	143.00		
592043705	KURT E FRIEDMAN	PLANTATION	FL	333247809	1	190.00	61.00		
294728774	PARESH I PATEL	BRONX	NY	10467	1	190.00	170.00		
460564549	ROBERT KORTH	LA VERNIA	TX	781210453	2	188.00	172.00		
592402440	HITESH SHROFF	PLANTATION	FL	333226548	2	185.00	171.00		
651025280	LUIS F GOMEZ	MARGATE	FL	33063	2	183.00	183.00		
650185662	MITCHELL INDICTOR	BOYNTON BEACH	FL	334357619	2	174.00	159.00		
650666819	JEFFREY BARTLETT	FT LAUDERDALE	FL	33304	1	166.00	128.00		
591541047	LAUREN M GOVERNALE	CORAL SPRINGS	FL	33065	1	161.00	161.00		
593694196	DOUGLAS HUHN	ORLANDO	FL	32806	1	157.00	91.00		
201682007	ANTHONY T BUI	CORAL SPRINGS	FL	33067	1	156.00	97.00		
223868692	RICHARD OKLIN	HOLLYWOOD	FL	33023	1	150.00	0.00		
621694321	DARRIN CUPO	CORAL SPRINGS	FL	33071	1	148.74	89.25		
650341078	STEVEN L KNEPPER	ESTERO	FL	33928	2	148.00	92.00		
570795046	HENRY T MARSHALL	COLUMBIA	SC	292037006	1	140.00	80.00		
592036175	ARNOLD SIEGEL	LAKE WORTH	FL	334633007	1	139.00	66.00		
650904288	EDWARD B BROWN	HOLLYWOOD	FL	330216505	2	138.00	138.00		
591263751	SHERRI J BLUTH	DAVIE	FL	333143459	1	138.00	120.00		
592058064	T D PULLIAM	TAMPA	FL	33613	1	134.00	134.00		
651042087	AXEL MARTINEZ-NEGRON	WILTON MANORS	FL	33311	1	128.00	128.00		
593622970	GUS SOLDATOS	LIVE OAK	FL	32064	2	124.00	124.00		
650949239	STUART H ELKIN	BOYNTON BEACH	FL	33436	1	120.00	120.00		
650353286	MARIA CHATANI	PEMBROKE PINES	FL	33026	1	115.00	115.00		
650897786	MONA CHAMI	FT LAUDERDALE	FL	333122729	1	113.00	74.00		
650454026	RICHARD SALZMANN	PEMBROKE PINES	FL	33024	1	104.00	104.00		
447668378	STEVEN M THOMPSON	HOUSTON	TX	77069	1	102.00	102.00		
650305009	GARY S ARNOLD	HALLANDALE	FL	33009	1	100.00	71.00		
270064958	DONNA DICRESCENTO	MARGATE	FL	33073	1	97.00	97.00		
731643763	STEVEN MUCKEY	LAUDERHILL	FL	33313	1	95.00	0.00		
450516795	DUSTIN GRIMES	WEST PALM BEACH	FL	334054328	2	93.00	93.00		
593413342	SUBHASH REGE	PALM BAY	FL	32905	1	93.00	93.00		
592310058	HAL LIPPMAN	HOLLYWOOD	FL	33021	2	92.00	92.00		
650236974	DEBORAH L DAVIS	BOCA RATON	FL	334323938	1	91.00	91.00		
650932757	ANTHONY RAGONESE	FT LAUDERDALE	FL	33306	1	87.00	30.00		
650626397	CLIFFORD E VOLTAPETTI	NORTH MIAMI	FL	331812541	1	86.00	56.00		
650659334	ALEX CARDOUNEL	PLANTATION	FL	333171611	2	82.00	41.00		
650937178	IAN FONG	PEMBROKE PINES	FL	330243618	1	71.00	71.00		
592753930	HENRY JACOBSON	LAUDERHILL	FL	333515740	1	70.00	63.00		

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591832718	JOHN P CLAXTON	POMPANO BEACH	FL	330609136	1	70.00	46.00		
650411776	MARCELINO J MARENCO	NORTH MIAMI BEACH	FL	33162	1	70.00	0.00		
592812149	RICHARD L BALICK	HOLLYWOOD	FL	330213420	1	70.00	47.00		
650232256	JOHN B SCOTT	BOYNTON BEACH	FL	334263315	1	64.00	64.00		
592440829	MICHAEL GOFFREDO	BOCA RATON	FL	33428	1	60.00	43.00		
592823728	BEN PORRAS	PEMBROKE PINES	FL	33024	1	54.00	54.00		
593736325	OFILIO MORALES	ORLANDO	FL	328198040	1	50.00	34.00		
591281379	JERRY BOATRIGHT	HOLLYWOOD	FL	330216729	1	45.00	39.00		
592582825	BENN M KUSHNER	PEMBROKE PINES	FL	33024	1	44.00	0.00		
043626811	BARBARA A BATES	WELLINGTON	FL	33414	1	43.00	43.00		
592960505	RICHARD W ODOM	ALTAMONTE SPRINGS	FL	32714	1	43.00	11.00		
650700150	RANDY J SACHS	DAVIE	FL	33324	1	41.00	41.00		
650343520	BRUCE L ELKIND	ROYAL PALM BEACH	FL	334111668	1	0.00	0.00		
800068416	LILIANE SHEPARD	SANDIEGO	CA	92128	1	0.00	0.00		
320028810	SHARONE V REID	PLANTATION	FL	33317	1	0.00	0.00		
592596416	RITA STEINER	LAUDERHILL	FL	333192155	7				

Non-Contracted Providers

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300427005	JAMES C BIRNBAUM	CORAL SPRINGS	FL	33065	22	13,680.00	9,506.00		
300012213	ROBERT E QUESADA	FT LAUDERDALE	FL	333012189	43	9,500.00	5,604.00		
651100498	DANIEL W MCCAWLEY	FT LAUDERDALE	FL	33301	26	9,044.00	5,022.00		
264848166	KEITH E MOORE	FORT LAUDERDALE	FL	33316	27	8,504.00	5,659.00		
651064956	NICHOLAS DETURE	FT LAUDERDALE	FL	33301	10	8,486.00	2,676.50		
591389949	BARRY W ROSENTHAL	SUNRISE	FL	33351	23	7,830.00	5,369.00		
651064956	THOMAS K MCCAWLEY	FT LAUDERDALE	FL	33301	9	7,820.00	4,655.00		
329324196	ERIC R ANDERSON	FORT LAUDERDALE	FL	33308	17	7,639.00	3,778.00		
650132415	MICHAEL BLUM	FT LAUDERDALE	FL	33304	2	7,345.00	3,000.00		
592495753	SCOTT I BARR	PLANTATION	FL	33317	10	7,213.00	4,109.00		
650676508	RICHARD DOUGLAS	PLANTATION	FL	333172117	17	6,760.00	6,050.00		
650766393	STEVEN A ROSENBERG	PLANTATION	FL	33317	21	6,634.00	4,274.00		
650599004	OSMANI DIAZ	PEMBROKE PINES	FL	330291400	3	6,141.00	141.00		
591425149	GEORGE R BABYAK	PLANTATION	FL	33317	4	5,930.75	3,558.45		
650661150	JOANN DIBELLA	DAVIE	FL	33328	9	5,816.00	2,235.00		
593572879	CAMILLE DIXON	FT LAUDERDALE	FL	33316	16	5,590.00	3,713.00		
592886247	MICHAEL A LAMP	SEBRING	FL	33872	6	5,533.00	1,531.40		
650668849	ALBERT G WONG	PLANTATION	FL	33317	18	5,365.00	5,110.00		
650676508	RICHARD DOUGLAS	PLANTATION	FL	333172117	12	5,160.00	3,973.00		
262379151	DAVID JACKSON	FORT LAUDERDALE	FL	33301	2	5,095.00	1,840.00		
143484716	DAVID B KAGAN	BOCA RATON	FL	33434	15	5,088.00	3,874.00		
592495753	SCOTT I BARR	PLANTATION	FL	33317	14	5,010.00	3,879.00		
541321315	DENNIS HOWARD	VIRGINIA BEACH	VA	23451	5	4,994.00	1,982.00		
592135962	JOSEPH C WALSH	BOCA RATON	FL	33431	5	4,876.00	1,613.00		
591690284	ALVIN J TIGHT	FT LAUDERDALE	FL	33308	3	4,772.52	2,863.50		
591389949	BARRY W ROSENTHAL	SUNRISE	FL	33351	9	4,620.00	2,862.00		
650343194	ERNIE SOTO	PLANTATION	FL	333247809	11	4,435.00	2,879.00		
651100498	DANIEL W MCCAWLEY	FT LAUDERDALE	FL	33301	13	4,240.00	2,782.00		
592566947	MONGI G MILHAIL	BOCA RATON	FL	334861339	5	4,110.00	1,628.00		
650646714	GARY FREED	PLANTATION	FL	33324	12	4,105.00	4,040.00		
650684175	STEVE WANG	PLANTATION	FL	33317	11	4,019.00	1,796.00		
591467728	JAMES R TALLBACKA	POMPANO BEACH	FL	33062	3	3,972.00	2,027.40		
592289312	BRYAN W BERRY	FT LAUDERDALE	FL	33301	17	3,923.00	2,730.00		
651038725	SONIA I PENNA	FORT LAUDERDALE	FL	33301	8	3,765.00	1,916.00		
650958461	MILTON D TOMLINSON	LAUDERHILL	FL	33319	8	3,670.00	3,145.00		
591369920	JERRY FISHMAN	WESTON	FL	33326	1	3,666.63	1,949.98		
135927010	TAMIR SEGAL	WESTON	FL	33331	3	3,644.00	1,788.00		
592540597	MARK WILDE	LAUDERHILL	FL	333515018	5	3,405.00	1,525.00		
650684175	STEVE WANG	PLANTATION	FL	33317	12	3,395.00	2,299.00		
650829540	ALFRED MARTINEZ	FT LAUDERDALE	FL	33308	10	3,388.00	2,255.00		
651038725	SONIA I PENNA	FORT LAUDERDALE	FL	33301	5	3,325.00	3,130.00		

Non-Contracted Providers

TIN	Full Name	City	State	Zip	Number of Claims	Charges	Paid	In PPO Network?	In DHMO Network?
650587480	STEFFAN ASSAM	PLANTATION	FL	33317	10	3,225.00	2,862.00		
591425149	ABBY WILENTZ	PLANTATION	FL	33317	12	3,213.00	2,714.00		
650731323	PETER K KRIMSKY	PLANTATION	FL	33317	23	3,190.00	2,636.00		
591500525	DAVID F MANWARING	FT LAUDERDALE	FL	33306	8	3,179.00	771.00		
591556076	LAURENCE JAY LEVINE	FORT LAUDERDALE	FL	33308	4	3,170.00	1,349.00		
262379151	DAVID JACKSON	FORT LAUDERDALE	FL	33301	4	3,045.00	1,209.00		
341589564	LAURIE GITTESS	FT LAUDERDALE	FL	33326	1	3,017.16	1,810.32		
591500525	DAVID F MANWARING	FT LAUDERDALE	FL	33306	4	3,009.00	1,221.00		
148908288	IAN C JONES	MARGATE	FL	33063	6	2,981.00	2,471.00		
592018927	GARY S KODISH	FORT LAUDERDALE	FL	33316	7	2,914.00	1,868.00		
650214958	SIDNEY S MARTIN	PLANTATION	FL	333172158	12	2,860.00	1,552.00		
266828110	QUILL TURK	PANACEA	FL	32346	3	2,825.00	120.00		
592004489	MICHAEL A SCOTT	POMPANO BEACH	FL	33062	6	2,795.00	1,776.00		
650960800	ROBERT POWELL	SUNRISE	FL	33322	5	2,775.00	1,375.00		
650518576	JOHN DAVIS III	POMPANO BEACH	FL	33062	8	2,740.00	1,860.00		
650663812	CRAIG H ETTS	PLANTATION	FL	333172385	11	2,729.00	2,086.86		
591425149	DENIS P TRUPKIN	PLANTATION	FL	33317	13	2,627.00	2,284.00		
650919333	ELIZA RAMIREZ	HOLLYWOOD	FL	33021	4	2,601.00	1,538.20		
650944009	PEMBROKE PINES FAMILY DENTAL	PEMBROKE PINES	FL	33026	7	2,595.00	2,525.00		
262154347	JEFFREY M BARTNICK	FT LAUDERDALE	FL	33305	3	2,593.00	193.00		
010777097	NANCY WILEY	LIGHTHOUSE POINT	FL	33064	1	2,565.00	1,539.00		
650970611	TORY LINDH	PLANTATION	FL	33317	3	2,550.00	1,674.00		
561466246	JAMES R OLSON	HENDERSONVILLE	NC	28739	7	2,537.00	1,447.40		
650159506	GEORGE R GALLUZZO JR	FT LAUDERDALE	FL	333162818	12	2,515.00	2,079.00		
591196563	MARGO BRILLIANT	AVENTURA	FL	33180	1	2,487.51	1,380.67		
650980524	IAN C JONES	MARGATE	FL	33063	9	2,466.00	2,279.00		
264848166	KEITH E MOORE	FORT LAUDERDALE	FL	33316	11	2,424.00	2,028.00		
591428856	WILLIAM BASSETT	FT LAUDERDALE	FL	33308	16	2,395.00	1,871.00		
650174452	THOMAS R LANE	FT LAUDERDALE	FL	33308	9	2,387.00	1,774.00		
591679913	HARVEY J ADELSON	TAMARAC	FL	33321	9	2,374.00	1,500.00		
550881045	CHRISTOPHER S FREEMAN	PLANTATION	FL	33324	1	2,340.00	1,404.00		
650362638	MARSHA S EISENBERG	FT LAUDERDALE	FL	333012008	5	2,327.00	1,819.00		
591440428	MICHAEL WILLIAMS	PLANTATION	FL	33304	3	2,293.00	1,387.00		
650796764	PHILIP S DESENZE	POMPANO BEACH	FL	33060	10	2,278.00	1,502.00		
591859693	DOUGLAS JUNGMAN	BRADENTON	FL	34209	3	2,243.00	895.00		
591726492	ALLIN B CROUCH JR	LIGHTHOUSE POINT	FL	330647593	9	2,233.00	1,743.00		
591480093	EDWARD A CRONAUER	PEMBROKE PINES	FL	33024	1	2,208.00	0.00		
591245921	SCOTT DIXON	FT LAUDERDALE	FL	33316	9	2,198.00	1,803.00		
030467831	LINCOLN B TAYLOR	OVIEDO	FL	32765	9	2,160.00	989.00		
650587480	STEFFAN ASSAM	PLANTATION	FL	33317	3	2,140.00	2,027.00		
591967618	ROBERT J LEV	PEMBROKE PINES	FL	330246607	6	2,102.00	2,033.00		

Non-Contracted Providers

TIN	Full Name	City	State	Zip	Number of Claims	Charges	Paid	In PPO Network?	In DHMO Network?
264081303	CHRISTOPHER M SCHLOSS	FT LAUDERDALE	FL	33306	15	2,086.00	2,059.00		
650457398	STEVEN G GOLDBERG	BOCA ROATON	FL	33433	8	2,085.00	1,649.00		
591947135	MAUTNER,MILLER AND OPPENHEIMER	MIAMI BEACH	FL	33140	1	2,065.00	548.00		
591912165	ROBERT S DOLGOW	LAUDERHILL	FL	333515095	12	2,051.00	1,907.00		
591425149	EDWARD S NACHT	PLANTATION	FL	33317	12	2,028.00	1,304.00		
650573306	LUIS J RODRIGUES	PEMBROKE PINES	FL	330271003	1	2,025.00	1,150.00		
650603726	STEVEN M GUELF	SEBRING	FL	33870	1	2,025.00	1,215.00		
650315498	VINCENT A LASALLE	FORT LAUDERDALE	FL	33308	16	1,999.00	1,637.00		
264114528	WILLIAM E HAGEN	FORT LAUDERDALE	FL	33316	14	1,995.00	1,910.00		
650186812	YAGI K PATEL	BOCA RATON	FL	334284219	2	1,990.00	1,194.00		
650396696	MERVYN N HURWITZ	FORT LAUDERDALE	FL	33306	6	1,977.00	1,389.00		
650093284	MARK ERICSSON	BOCA RATON	FL	33428	1	1,970.00	562.50		
650824560	LAURENCE FENDRICH	LIGHTHOUSE POINT	FL	330647591	7	1,964.00	1,339.60		
591946675	RONALD PROSS	TAMPA	FL	336123494	6	1,963.00	1,516.00		
592239228	ALAN SLOOTSKY	POMPANO BEACH	FL	33069	5	1,960.00	1,086.00		
650962928	MICHAEL D EGGNATZ	WESTON	FL	33326	6	1,959.00	1,058.00		
591783597	CHARLES R HAMBROOK	POMPANO BEACH	FL	33060	7	1,893.00	1,222.00		
592426431	J M HEIDER	FORT LAUDERDALE	FL	33305	9	1,872.00	1,077.60		
592598040	MARK A. MAUTNER	PEMBROKE PINES	FL	33026	11	1,860.00	1,484.00		
592397569	BLAIR SCHARF	CORAL SPRINGS	FL	33065	16	1,837.00	1,553.00		
650017651	MICHAEL GILLIAM	POMPANO BEACH	FL	33062	7	1,815.00	1,265.00		
650668849	ALBERT G WONG	PLANTATION	FL	33317	6	1,800.00	1,665.00		
264081303	CHRISTOPHER M SCHLOSS	FT LAUDERDALE	FL	33306	16	1,741.00	1,593.00		
650106718	JORGE M RICARDEZ	FT LAUDERDALE	FL	33304	12	1,736.00	1,421.00		
650214958	SIDNEY S MARTIN	PLANTATION	FL	333172158	7	1,710.00	1,219.00		
264114528	WILLIAM E HAGEN	FORT LAUDERDALE	FL	33316	5	1,700.00	785.00		
267860177	RANDALL K STOCKTON	FORT LAUDERDALE	FL	33316	7	1,695.00	1,287.00		
592687861	LEE S HAUER	HOLLYWOOD	FL	330213512	8	1,655.00	1,369.00		
591498412	LARRY F ELLIOTT	FORT LAUDERDALE	FL	33308	2	1,548.75	495.25		
650080971	JEFFREY P HEILIG	FT LAUDERDALE	FL	33326	8	1,520.00	1,430.00		
650075019	MARK BOUKZAM	DEERFIELD BEACH	FL	33442	6	1,501.00	1,243.00		
203020020	JASON LUCHTEFELD	POMPANO BEACH	FL	33060	4	1,485.00	985.00		
650162961	RANDALL M HOOVER	DEERFIELD BEACH	FL	33441	6	1,480.00	1,480.00		
650129699	PLANTATION DENTAL SERVICES	PLANTATION	FL	33324	4	1,418.00	781.00		
043683245	DEBORAH A FERRER	FORT LAUDERDALE	FL	33301	2	1,399.98	840.00		
650924768	AMIR N FARHANGPOUR	PLANTATION	FL	33313	7	1,391.00	1,150.00		
591766167	MAUREES KRAMER	PLANTATION	FL	33322	5	1,390.00	317.40		
650766393	STEVEN A ROSENBERG	PLANTATION	FL	33317	6	1,385.00	908.60		
591425149	GEORGE R BABYAK	PLANTATION	FL	33317	2	1,378.51	597.30		
591740240	MARC A SCHWARTZ	PLANTATION	FL	333172369	2	1,355.00	870.00		
650540423	STEVE JULES LEIKIN	STUART	FL	34997	3	1,355.00	883.40		
650370055	NORMAN KNOWLES	FT PIERCE	FL	34947	4	1,351.50	162.50		

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591290436	RONALD A HAGQUIST	BOCA RATON	FL	33486	5	1,345.00	1,110.00		
591501210	J H ROSENBAUM	FORT LAUDERDALE	FL	33308	2	1,335.00	1,030.00		
650541999	STEPHEN J VELEZ	CORAL SPRINGS	FL	33071	3	1,322.00	883.00		
591501210	J H ROSENBAUM	FORT LAUDERDALE	FL	33308	4	1,320.00	198.00		
650663812	CRAIG H ETTS	PLANTATION	FL	333172385	4	1,318.00	807.00		
650738897	RICHARD B FORUM	FT LAUDERDALE	FL	333162818	5	1,280.00	1,270.00		
760741305	CHARMAINE JOHNSON	FORT LAUDERDALE	FL	33306	3	1,242.00	992.00		
650631864	HENRY ROZEN	CORAL SPRINGS	FL	33067	1	1,219.98	732.00		
650822624	BETH ANNE V CAMPBELL	MIRAMAR	FL	330252397	3	1,215.00	758.00		
650926292	EDWARD M. SHEINIS	CORAL SPRINGS	FL	33071	1	1,200.00	0.00		
591425149	DENIS P TRUPKIN	PLANTATION	FL	33317	5	1,175.00	1,043.00		
591290474	GARY F OZGA	POMPANO BEACH	FL	33060	4	1,167.00	859.00		
200164773	REID V SHARONE	PLANTATION	FL	33317	5	1,150.00	690.00		
592598040	MARK A. MAUTNER	PEMBROKE PINES	FL	33026	6	1,149.00	725.00		
592413168	BRUCE HOLZ	FORT LAUDERDALE	FL	33308	4	1,140.00	1,054.00		
650534744	KEITH BLESSITT	WEST PALM BEACH	FL	334073820	3	1,129.00	840.00		
591784843	ALFRED A BRECHER	CORAL SPRINGS	FL	33065	4	1,126.00	1,018.00		
591947202	BRADLEY KVITTEM	FT LAUDERDALE	FL	33301	1	1,125.00	475.00		
650628693	ARMANDO RODRIGUEZ	GREENACRES	FL	33463	1	1,100.00	506.00		
591541047	GREGG A TARTAKOW	CORAL SPRINGS	FL	33065	1	1,098.84	659.28		
592709090	HELENA DELUCA	SUNRISE	FL	33351	7	1,095.00	380.00		
591440428	MICHAEL WILLIAMS	PLANTATION	FL	33304	8	1,072.00	641.00		
621415651	RICKLAND M WILLEY	MT JULIET	TN	37122	8	1,068.00	1,039.00		
650069026	JOHN C STONE	FT LAUDERDALE	FL	33306	3	1,035.00	567.00		
591839550	THEODORE S SCHWARTZ	PLANTATION	FL	33324	1	1,010.00	606.00		
591425149	ABBY WILENTZ	PLANTATION	FL	33317	5	998.00	876.00		
592771114	RICHARD A MUFSON	NORTH MIAMI BEACH	FL	33180	2	990.00	950.00		
753091066	WILLIAM C BAKER JR	HATTIESBURG	MS	39402	3	986.00	685.00		
202052495	WILLIAM BALANOFF	FORT LAUDERDALE	FL	33304	7	985.00	520.00		
591614126	CONSTANTINOS BAROGIANNIS	FT LAUDERDALE	FL	33308	9	985.00	980.00		
841619675	STEPHEN PAUL	LAUD BY THE SEA	FL	33308	4	978.00	860.00		
650461148	LAUREN SHACK	FT LAUDERDALE	FL	33308	1	950.00	0.00		
650924768	AMIR N FARHANGPOUR	PLANTATION	FL	33313	2	930.00	837.00		
592549495	L G JAMES	PLANTATION	FL	33317	3	926.00	493.00		
650362638	MARSHA S EISENBERG	FT LAUDERDALE	FL	333012008	1	870.00	820.00		
650019957	MITCHELL EPSTEIN	PLANTATION	FL	333242700	7	857.00	686.00		
650351614	LOUIS L ZALL	PLANTATION	FL	33322	6	831.00	771.00		
592431462	ROBERT L SMITH	FORT LAUDERDALE	FL	333051413	4	830.00	812.00		
650509660	JEROME PETRISKO	FT LAUDERDALE	FL	33304	7	823.00	414.00		

Non-Contracted Providers

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202123402	JOHN J MARCHETTO	FORT LAUDERDALE	FL	33326	1	809.99	486.00		
592271946	WILLIAM O SHUMPERT JR	FORT LAUDERDALE	FL	33316	3	793.00	717.00		
591553204	RALPH C DAY	GAINESVILLE	FL	32601	5	782.00	763.00		
592264610	DANIEL L COHEN	TAMARAC	FL	33321	4	770.00	670.00		
592271946	WILLIAM O SHUMPERT JR	FORT LAUDERDALE	FL	33316	4	770.00	659.00		
650752789	MARK B HELLERMAN	DAVIE	FL	33328	6	758.00	758.00		
650774583	KEVIN C SIAO	PLANTATION	FL	33324	6	723.00	489.00		
650863385	CANDACE R COLELLA	COCONUT CREEK	FL	33073	3	718.00	403.00		
592709564	JOHN E RUDNIK	FT LAUDERDALE	FL	33306	3	705.00	636.00		
550881045	CHRISTOPHER S FREEMAN	PLANTATION	FL	33324	1	700.02	400.00		
222694770	WILLIAM J KUCKO	JOHNSON CITY	NY	13790	2	692.00	569.00		
561213257	TY HORNSBY	HENDERSONVILLE	NC	28791	2	690.00	250.00		
591957820	JAMES A HANCOCK	LAKELAND	FL	33801	6	688.00	560.00		
592123473	WAYNE G MOESCHING	OKEECHOREE	FL	34974	5	678.00	678.00		
203020020	JASON LUCHTEFELD	POMPANO BEACH	FL	33060	4	663.00	508.00		
650573306	MARTA E ORTIZ-PEREZ	PEMBROKE PINES	FL	330271003	2	655.00	547.00		
591196563	DANIEL MEISTER	AVENTURA	FL	33180	1	650.01	390.00		
650876084	ROSIE AVILES	PALM CITY	FL	34990	1	650.01	0.00		
591912165	CONSTANTIN FIACOS	LAUDERHILL	FL	333515095	4	638.00	607.00		
591245921	MERVYN DIXON	FT LAUDERDALE	FL	33316	7	634.00	634.00		
171343891	HARVEY P GORDON	HOLLYWOOD	FL	330215462	4	604.00	540.00		
650018888	NORMAN YOUNG	WILTON MANORS	FL	33305	2	600.00	250.00		
650072228	JEFFREY S SIEGEL	BOCA RATON	FL	334333422	5	575.00	200.00		
650174452	THOMAS R LANE	FT LAUDERDALE	FL	33308	6	552.00	472.00		
650573301	THOMAS JESON	FORT LAUDERDALE	FL	33308	4	548.00	355.00		
591364635	MARTIN JORGENSEN	POMPANO BEACH	FL	33062	2	535.00	535.00		
592673798	WALTER K KULICK	CORAL SPRINGS	FL	33065	5	533.00	533.00		
650761615	DONNA M BRIDGE	SUNRISE	FL	333511118	2	532.00	341.00		
650599004	OSMANI DIAZ	PEMBROKE PINES	FL	330291400	3	525.00	305.00		
300012213	ROBERT E QUESADA	FT LAUDERDALE	FL	333012189	5	524.00	524.00		
061086643	DEBORAH S LUBELL	ROYAL PALM BEACH	FL	33411	4	519.00	519.00		
591696469	LEFF, WEISS, WALDEE	PLANTATION	FL	33324	2	507.00	487.00		
591726492	ALLIN B CROUCH JR	LIGHTHOUSE POINT	FL	330647593	4	494.00	418.00		
201262767	JEFF V RISIO	JUPITER	FL	33458	4	493.00	493.00		
592549495	L G JAMES	PLANTATION	FL	33317	3	476.00	279.00		
650159506	GEORGE R GALLUZZO JR	FT LAUDERDALE	FL	333162818	5	475.00	475.00		
650241731	LLOYD E BEAUFILS	LAUDERHILL	FL	33313	1	470.00	337.00		
650525752	CRAIG B SCHROEDER	DELRAY BEACH	FL	33483	5	470.00	275.00		
581093840	MILTON C JACOBSON	POMPANO BEACH	FL	33060	4	450.00	385.00		
650718035	JAYDEE MARRERO	PEMBROKE PINES	FL	33025	2	444.00	444.00		
592231779	THOMAS G VANBUSKIRK	MIAMI LAKES	FL	330147619	5	440.00	313.00		

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592709130	HOWELL GOLDBERG	PLANTATION	FL	33324	3	425.00	303.00		
300427005	JAMES C BIRNBAUM	CORAL SPRINGS	FL	33065	2	415.00	415.00		
591779529	TODD DENSON	TITUSVILLE	FL	32796	4	413.00	346.00		
591492178	JORDAN BLUTH	SUNRISE	FL	33313	2	405.00	376.00		
650509660	JEROME PETRISKO	FT LAUDERDALE	FL	33304	6	400.00	315.00		
593470743	A DENTAL ART	SUNRISE	FL	33351	2	385.00	374.00		
591756766	STEVEN J KUSNICK	SUNRISE	FL	33351	3	365.00	365.00		
650292326	MITCHELL J FARR	BOCA RATON	FL	334335509	4	362.00	80.00		
650396696	MERVYN N HURWITZ	FORT LAUDERDALE	FL	33306	3	362.00	284.00		
010712049	JOSHUA M SLATKOFF	MIAMI BEACH	FL	33140	2	360.00	210.00		
650971271	JAMES L STRAWN	FORT PIERCE	FL	34981	3	355.00	340.00		
650186812	YAGI K PATEL	BOCA RATON	FL	334284219	3	340.00	170.00		
650460023	THOMAS DENTAL ASSOCIATES	MIAMI	FL	33168	1	340.00	308.00		
650987643	DAVID PEREZ	SUNRISE	FL	33351	1	340.00	200.00		
650008718	MARK WEISS	NORTH MIAMI BEACH	FL	33179	3	325.00	300.00		
650921652	RANDY FREEDLINE	AVENTURA	FL	33180	1	319.00	252.00		
593599071	MARCOS DIAZ	WESTON	FL	33326	1	310.00	188.00		
252748906	LAWRENCE M GILLESPIE	CLAYTON	GA	30525	3	307.00	307.00		
203048444	WILLIAM CINKILIC	HOLLYWOOD	FL	33021	3	306.00	235.00		
910974034	RICHARD TUCKER	BELLINGHAM	WA	98225	2	298.00	298.00		
591946079	DONALD C ERBES	GAINESVILLE	FL	32605	3	297.00	117.00		
591688375	STEPHEN H WANDER	PEMBROKE PINES	FL	33026	2	294.00	294.00		
300136564	MYRA S SPIRA	PEMBROKE PINES	FL	33024	2	285.00	285.00		
591366609	PAUL BERGER	PLANTATION	FL	33317	3	272.00	272.00		
592030039	STEPHEN J KOTKIS	HOLLYWOOD	FL	33021	2	270.00	110.00		
591696469	LEFF, WEISS, WALDEE	PLANTATION	FL	33324	2	269.00	157.00		
592540597	BARBARA L NEEDELL	LAUDERHILL	FL	33351	2	266.00	260.00		
020522195	RICHARD J NEAL JR	WOLFEBORO	NH	038961148	2	258.00	258.00		
592692495	LEONARD GARFINKEL	NO MIAMI BEACH	FL	33180	3	255.00	85.00		
650021384	GARY M STEIN	CORAL SPRINGS	FL	33065	1	255.00	255.00		
650960800	ROBERT POWELL	SUNRISE	FL	33322	2	250.00	85.00		
650287513	BRENT C MAXSON	STUART	FL	34994	1	242.00	0.00		
148908288	IAN C JONES	MARGATE	FL	33063	2	240.00	240.00		
562434430	THOMAS J PRADE	POMPANO BEACH	FL	33062	3	240.00	160.00		
363465393	JOSEPH P BARRY	DES PLAINES	IL	60016	1	237.00	153.75		
593016781	LEWIS M TOWSKY	DEERFIELD BEACH	FL	33442	2	235.00	160.00		
174385853	EDWARD F GONSKY	BOCA RATON	FL	33486	2	220.00	110.00		
073444438	KENT B MOLINO	NISKAYUNA	NY	12309	2	219.00	218.00		

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592194918	THOMAS D HUNTER	ORLANDO	FL	32803	2	219.00	219.00		
201661369	MARIO LASKA	HOLLYWOOD	FL	33020	1	215.00	207.00		
592380698	MARIA DEL ROCIO MONTOYA	PLANTATION	FL	33317	1	215.00	210.00		
001546216	ROBERT MAGUIRE	WOLFEBORO	NH	03894	2	201.00	201.00		
591263751	SAMUEL ZFAZ	DAVIE	FL	33314	1	200.00	200.00		
650183045	GEORGE WALTERS	FT LAUDERDALE	FL	33304	2	198.00	198.00		
650967069	MITCHELL SENFT	FORT LAUDERDALE	FL	33308	1	188.00	168.00		
650303263	GEORGE KOLOS	FT LAUDERDALE	FL	33308	1	185.00	185.00		
650646714	GARY FREED	PLANTATION	FL	33324	1	185.00	80.00		
592107536	DAVID W LYNN	HOLLYWOOD	FL	33021	1	177.00	177.00		
650093284	ROSANNA ERICSSON	BOCA RATON	FL	33428	1	175.00	68.00		
591293328	JOHN R MAGNACCA	BOCA RATON	FL	33486	1	170.00	168.00		
650043559	ENRICO BAUTISTA	TAMARAC	FL	33319	1	170.00	110.00		
650184844	LAWRENCE H MARKS	HOLLYWOOD	FL	33021	3	170.00	168.00		
351675577	TERRY PAMPEL	FOLEY	AL	36535	2	164.00	110.00		
592125283	STEVEN P BOGDANOFF	PLANTATION	FL	33324	2	164.00	82.00		
593572879	CAMILLE DIXON	FT LAUDERDALE	FL	33316	1	162.00	162.00		
592060659	RICHARD SOVEN	PEMBROKE PINES	FL	33026	2	160.00	80.00		
650174452	SILVIA ORTEGA	FT LAUDERDALE	FL	33308	2	160.00	0.00		
593500261	GARY I ALTSCHULER PA	GAINESVILLE	FL	32606	1	153.00	0.00		
582462808	SCOTT D WINGARD	AUGUSTA	GA	30904	1	150.00	140.00		
592831456	DAVID L TRAUB	CORAL SPRINGS	FL	33065	1	147.00	147.00		
650802609	MICHAEL G KIRSCH	SEBRING	FL	33870	1	146.00	53.00		
591234582	JEFFREY GANELES	BOCA RATON	FL	33431	1	145.00	0.00		
592831456	DAVID L TRAUB	CORAL SPRINGS	FL	33065	1	145.00	145.00		
592326021	ROBERT GETZ	LAUDERHILL	FL	333515748	1	142.00	142.00		
582624280	J KENNETH WELDON JR	CLARKESVILLE	GA	30523	1	140.00	95.00		
591279399	ROBERT A BROWN	POMPANO BEACH	FL	33060	2	136.00	68.00		
650654629	DAVID BITCHATCHI	HOLLYWOOD	FL	33021	1	135.00	0.00		
650799855	YEDDA GOMES-RUANE	WESTON	FL	33326	1	132.00	132.00		
030474754	VERONICA MELENDEZ	DAVIE	FL	33330	1	130.00	85.00		
591273236	TYRONE CHEEPING	NORTH MIAMI	FL	33162	2	130.00	65.00		
591366609	ROBERT MILLER	PLANTATION	FL	33317	1	130.00	95.00		
591999897	MYLES S SPODAK	DELRAY BEACH	FL	33445	1	130.00	120.00		
592380698	SUPERIOR DENTAL INC	PLANTATION	FL	33317	2	130.00	130.00		
592432598	GARY M NEWMAN	BOCA RATON	FL	33431	1	130.00	130.00		
200013865	RENE J AVILES	PALM CITY	FL	34990	1	125.00	0.00		
391128628	MELVYN F FOLEY	SOUTH MILWAUKEE	WI	53172	1	120.00	120.00		

Non-Contracted Providers

TIN	Full Name	City	State	Zip	Number of Claims	Charges	Paid	In PPO Network?	In DHMO Network?
650980524	IAN C JONES	MARGATE	FL	33063	1	120.00	120.00		
650461148	BAYVIEW DENTAL ASSOCIATES	FORT LAUDERDALE	FL	33308	1	113.00	0.00		
591260211	M JOEL GEBHART	MIAMI	FL	33156	1	107.00	107.00		
650491527	MICHAEL S RAMER	TAMARAC	FL	33321	1	102.00	102.00		
593340440	LISA A GOFF	MELBOURNE	FL	32935	1	99.00	99.00		
651064956	NICHOLAS DETURE	FT LAUDERDALE	FL	33301	1	97.00	97.00		
201262767	PAMELA B BELL	JUPITER	FL	33458	1	95.00	95.00		
591694816	DARLENE HACHMEISTER	COCOA BEACH	FL	32931	1	95.00	95.00		
651028918	ERIKA MARTINEZ	WESTON	FL	33326	1	95.00	95.00		
650999514	KENNETH E ROSS	LIGHTHOUSE POINT	FL	33064	1	88.00	88.00		
591696469	LEE A WEISS	PLANTATION	FL	33324	1	85.00	0.00		
591290474	GARY F OZGA	POMPANO BEACH	FL	33060	1	82.00	82.00		
650174452	SILVIA ORTEGA	FT LAUDERDALE	FL	33308	1	80.00	0.00		
650654629	DAVID BITCHATCHI	HOLLYWOOD	FL	33021	1	80.00	0.00		
591301980	ROBERT F EASTMAN	PLANTATION	FL	33317	1	79.00	79.00		
300136564	CLAUDIA DRAIZIN	PEMBROKE PINES	FL	33024	1	75.00	75.00		
591679913	HARVEY J ADELSON	TAMARAC	FL	33321	1	75.00	75.00		
650754991	JORDI X RODRIGUEZ	TAMARAC	FL	33321	1	70.00	70.00		
593163156	DAVID W MOATES	HENDERSONVILLE	NC	28792	1	66.00	66.00		
202326205	STEPHEN E SHIELDS	STUART	FL	34994	1	50.00	50.00		
203204290	ANTHONY C MARTIN	IRMO	SC	290638776	1	45.00	45.00		
593481917	CHANDRAKANT DAVE	WILLISTON	FL	32696	1	44.00	44.00		
650776889	AMY KIENAST-MASRI	POMPANO BEACH	FL	33062	1	0.00	0.00		

City of Fort Lauderdale
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Plan No.	Cov	Cal. Date	MEMBER							DEPENDENT				TOTAL		
			Lives	Premium	Claims	Volume	Units	SP	CH	SPCH	Premium	Claims	Volume	LR	Premium	Claims
380593	DEN	03/2003	847	\$0.00	\$0.00	\$0	501	173	88	240	\$0.00	\$0.00	\$0		\$0.00	\$0.00
		04/2003	845	\$35,026.69	\$30,922.00	\$0	499	172	86	241	\$27,658.22	\$29,901.28	\$0	97%	\$62,684.91	\$60,823.28
		05/2003	849	\$35,105.40	\$28,351.40	\$0	504	173	87	244	\$27,720.40	\$28,287.38	\$0	90%	\$62,825.80	\$56,638.78
		06/2003	849	\$35,907.30	\$22,211.90	\$0	502	172	88	242	\$28,697.62	\$22,358.41	\$0	69%	\$64,604.92	\$44,570.31
		07/2003	850	\$44,460.90	\$24,618.20	\$0	500	173	88	239	\$33,638.65	\$28,553.11	\$0	68%	\$78,099.55	\$53,171.31
		08/2003	846	\$38,533.12	\$23,193.50	\$0	497	171	89	237	\$29,872.20	\$25,621.62	\$0	71%	\$68,405.32	\$48,815.12
		09/2003	842	\$36,664.65	\$24,380.05	\$0	496	170	90	236	\$28,595.40	\$34,371.89	\$0	90%	\$65,260.05	\$58,751.94
		10/2003	831	\$37,218.55	\$10,825.59	\$0	485	165	89	230	\$28,229.27	\$23,102.81	\$0	52%	\$65,447.82	\$33,928.40
		11/2003	824	\$37,728.96	\$13,675.20	\$0	483	166	89	227	\$27,466.23	\$21,864.19	\$0	55%	\$65,195.19	\$35,539.39
		12/2003	820	\$37,434.69	\$18,210.72	\$0	480	165	89	225	\$27,994.20	\$27,144.52	\$0	69%	\$65,428.89	\$45,355.24
		01/2004	794	\$36,556.25	\$27,021.00	\$0	463	156	81	225	\$27,671.30	\$25,459.97	\$0	82%	\$64,227.55	\$52,480.97
		02/2004	780	\$34,303.50	\$27,245.00	\$0	456	157	79	219	\$26,074.35	\$31,132.12	\$0	97%	\$60,377.85	\$58,377.12
		03/2004	776	\$34,779.36	\$26,653.10	\$0	456	159	77	219	\$26,653.37	\$32,135.91	\$0	96%	\$61,432.73	\$58,789.01
		04/2004	771	\$34,688.64	\$20,604.00	\$0	452	159	77	215	\$26,658.43	\$22,524.47	\$0	70%	\$61,347.07	\$43,128.47
		05/2004	767	\$34,258.95	\$23,082.10	\$0	450	160	77	212	\$25,860.01	\$28,328.48	\$0	86%	\$60,118.96	\$51,410.58
		06/2004	765	\$34,570.80	\$23,862.40	\$0	450	160	77	212	\$25,981.05	\$25,478.88	\$0	81%	\$60,551.85	\$49,341.28
		07/2004	759	\$33,791.89	\$18,991.30	\$0	442	157	78	206	\$25,881.92	\$24,465.34	\$0	73%	\$59,673.81	\$43,456.64
		08/2004	756	\$33,813.45	\$19,593.10	\$0	434	155	77	201	\$26,178.98	\$23,023.06	\$0	71%	\$59,992.43	\$42,616.16
		09/2004	753	\$34,169.85	\$22,363.00	\$0	431	155	77	198	\$25,134.95	\$15,680.37	\$0	64%	\$59,304.80	\$38,043.37
		10/2004	753	\$34,404.10	\$19,513.10	\$0	433	157	80	195	\$26,049.95	\$18,327.24	\$0	63%	\$60,454.05	\$37,840.34
		11/2004	751	\$33,813.45	\$23,207.00	\$0	433	158	78	196	\$24,943.65	\$20,924.74	\$0	75%	\$58,757.10	\$44,131.74
		12/2004	750	\$33,145.20	\$18,868.00	\$0	435	160	78	196	\$24,791.73	\$15,266.76	\$0	59%	\$57,936.93	\$34,134.76
		01/2005	758	\$34,065.90	\$25,807.70	\$0	438	163	76	198	\$25,161.16	\$28,027.29	\$0	91%	\$59,227.06	\$53,834.99
		02/2005	755	\$33,815.04	\$25,955.90	\$0	434	160	76	197	\$25,233.65	\$22,328.24	\$0	82%	\$59,048.69	\$48,284.14
		03/2005	756	\$33,457.05	\$29,988.40	\$0	434	159	75	199	\$24,817.50	\$22,806.88	\$0	91%	\$58,274.55	\$52,795.28
		04/2005	748	\$33,412.50	\$27,051.60	\$0	428	157	75	195	\$25,082.20	\$23,015.95	\$0	86%	\$58,494.70	\$50,067.55
		05/2005	745	\$32,818.21	\$30,769.80	\$0	434	155	78	199	\$24,384.45	\$18,260.61	\$0	86%	\$57,202.66	\$49,030.41
		06/2005	758	\$33,621.89	\$26,829.20	\$0	437	155	78	202	\$25,245.65	\$24,025.02	\$0	86%	\$58,867.54	\$50,854.22
		07/2005	759	\$34,348.05	\$16,901.10	\$0	436	153	79	202	\$25,806.70	\$22,992.67	\$0	66%	\$60,154.75	\$39,893.77
		08/2005	761	\$34,036.20	\$25,704.30	\$0	435	154	78	201	\$25,471.30	\$26,181.19	\$0	87%	\$59,507.50	\$51,885.49
		09/2005	776	\$33,911.17	\$22,857.40	\$0	441	156	80	203	\$25,055.50	\$19,643.36	\$0	72%	\$58,966.67	\$42,500.76
		10/2005	780	\$34,971.75	\$21,869.80	\$0	441	157	79	204	\$25,580.35	\$24,698.82	\$0	77%	\$60,552.10	\$46,568.62
		11/2005	787	\$35,467.55	\$16,396.70	\$0	444	157	81	205	\$26,088.76	\$11,817.88	\$0	46%	\$61,556.31	\$28,214.58
		12/2005	791	\$35,239.05	\$20,232.00	\$0	444	157	80	206	\$25,628.90	\$22,005.89	\$0	69%	\$60,867.95	\$42,237.89
01/2006	820	\$36,931.95	\$25,330.40	\$0	462	157	81	222	\$27,139.70	\$25,708.42	\$0	80%	\$64,071.65	\$51,038.82		
02/2006	821	\$35,924.56	\$29,167.20	\$0	461	158	81	220	\$27,037.05	\$22,761.90	\$0	82%	\$62,961.61	\$51,929.10		
03/2006	819	\$34,729.64	\$34,445.00	\$0	459	158	80	220	\$25,550.78	\$24,473.33	\$0	98%	\$60,280.42	\$58,918.33		
04/2006	817	\$34,971.75	\$27,923.60	\$0	461	161	79	220	\$26,883.81	\$19,758.18	\$0	77%	\$61,855.56	\$47,681.78		
05/2006	824	\$36,935.13	\$24,017.00	\$0	463	161	79	222	\$26,976.45	\$19,736.49	\$0	68%	\$63,911.58	\$43,753.49		
06/2006	821	\$36,716.63	\$30,287.00	\$0	460	162	77	220	\$27,338.96	\$26,894.40	\$0	89%	\$64,055.59	\$57,181.40		
07/2006	816	\$36,400.22	\$22,611.00	\$0	456	161	77	218	\$26,870.45	\$29,481.80	\$0	82%	\$63,270.67	\$52,092.80		
08/2006	821	\$35,953.33	\$25,796.40	\$0	456	162	77	217	\$27,168.39	\$27,732.82	\$0	85%	\$63,121.72	\$53,529.22		
09/2006	827	\$36,768.12	\$24,398.40	\$0	459	162	78	219	\$25,871.11	\$19,350.15	\$0	70%	\$62,639.23	\$43,748.55		
		34,138	\$1,484,871.39	\$1,001,731.56	\$0	19,665	6,918	3,463	9,244	\$1,116,144.70	\$1,005,653.84	\$0	77%	\$2,601,016.09	\$2,007,385.40	
DMDG		03/2003	420	\$0.00	\$0.00	\$0	230	68	62	100	\$0.00	\$0.00	\$0		\$0.00	\$0.00
		04/2003	420	\$6,967.31	\$0.00	\$0	229	68	61	100	\$5,361.34	\$0.00	\$0	0%	\$12,328.65	\$0.00
		05/2003	426	\$7,017.92	\$0.00	\$0	233	69	59	105	\$5,395.93	\$0.00	\$0	0%	\$12,413.85	\$0.00
		06/2003	424	\$7,136.01	\$531.00	\$0	232	68	59	105	\$5,773.88	\$98.00	\$0	5%	\$12,909.89	\$629.00
		07/2003	423	\$7,338.45	\$556.00	\$0	232	68	58	106	\$5,669.63	\$556.00	\$0	9%	\$13,008.08	\$1,112.00
		08/2003	423	\$7,051.66	\$0.00	\$0	234	71	58	105	\$5,553.53	\$352.00	\$0	3%	\$12,605.19	\$352.00
		09/2003	421	\$7,254.10	\$2,042.69	\$0	233	71	56	106	\$5,855.32	\$2,995.61	\$0	38%	\$13,109.42	\$5,038.30
		10/2003	421	\$7,051.66	\$1,014.00	\$0	231	70	57	104	\$5,695.27	\$2,274.00	\$0	26%	\$12,746.93	\$3,288.00



City of Fort Lauderdale
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Plan No.	Cov	Cal. Date	MEMBER							DEPENDENT				TOTAL		
			Lives	Premium	Claims	Volume	Units	SP	CH	SPCH	Premium	Claims	Volume	LR	Premium	Claims
380593	DMDG	11/2003	421	\$7,254.10	\$4,013.00	\$0	231	71	58	102	\$5,437.88	\$937.00	\$0	39%	\$12,691.98	\$4,950.00
		12/2003	421	\$7,152.88	\$1,002.00	\$0	230	71	57	102	\$5,598.79	\$101.00	\$0	9%	\$12,751.67	\$1,103.00
		01/2004	392	\$7,001.05	\$257.00	\$0	208	66	52	90	\$5,383.43	\$0.00	\$0	2%	\$12,384.48	\$257.00
		02/2004	387	\$6,191.29	\$693.00	\$0	204	64	52	88	\$4,499.77	\$349.00	\$0	10%	\$10,691.06	\$1,042.00
		03/2004	386	\$6,427.47	\$1,602.00	\$0	202	63	50	89	\$4,680.34	\$1,628.00	\$0	29%	\$11,107.81	\$3,230.00
		04/2004	385	\$6,428.03	\$87.00	\$0	202	63	50	89	\$4,878.78	\$468.00	\$0	5%	\$11,306.81	\$555.00
		05/2004	382	\$6,326.25	\$445.00	\$0	199	63	47	89	\$4,739.68	\$240.00	\$0	6%	\$11,065.93	\$685.00
		06/2004	378	\$6,390.92	\$2,324.00	\$0	198	64	47	87	\$4,690.58	\$0.00	\$0	21%	\$11,081.50	\$2,324.00
		07/2004	377	\$6,410.60	\$878.00	\$0	197	65	47	85	\$4,705.41	\$0.00	\$0	8%	\$11,116.01	\$878.00
		08/2004	376	\$6,292.51	\$507.00	\$0	195	68	46	81	\$4,548.43	\$0.00	\$0	5%	\$10,840.94	\$507.00
		09/2004	376	\$6,309.38	\$49.00	\$0	193	66	47	80	\$4,417.34	\$1,614.00	\$0	16%	\$10,726.72	\$1,663.00
		10/2004	375	\$6,376.86	\$0.00	\$0	193	67	47	79	\$4,411.02	\$0.00	\$0	0%	\$10,787.88	\$0.00
		11/2004	372	\$6,261.02	\$250.00	\$0	193	66	47	80	\$4,424.34	\$1,157.00	\$0	13%	\$10,685.36	\$1,407.00
		12/2004	370	\$6,326.25	\$404.00	\$0	190	63	48	79	\$4,556.25	\$0.00	\$0	4%	\$10,882.50	\$404.00
		01/2005	379	\$6,123.81	\$691.00	\$0	199	71	53	75	\$4,351.36	\$202.00	\$0	9%	\$10,475.17	\$893.00
		02/2005	381	\$6,569.50	\$29.00	\$0	197	70	53	74	\$4,581.61	\$552.00	\$0	5%	\$11,151.11	\$581.00
		03/2005	387	\$6,358.79	\$550.00	\$0	201	71	54	76	\$4,407.09	\$206.00	\$0	7%	\$10,765.88	\$756.00
		04/2005	394	\$6,613.04	\$1,488.00	\$0	204	72	52	80	\$4,690.13	\$114.00	\$0	14%	\$11,303.17	\$1,602.00
		05/2005	393	\$6,849.22	\$159.00	\$0	204	72	53	79	\$4,864.78	\$1,914.00	\$0	18%	\$11,714.00	\$2,073.00
		06/2005	402	\$6,832.35	\$1,404.00	\$0	207	72	55	80	\$4,709.50	\$218.00	\$0	14%	\$11,541.85	\$1,622.00
		07/2005	409	\$6,761.06	\$1,674.00	\$0	208	75	54	79	\$4,793.70	\$1,234.00	\$0	25%	\$11,554.76	\$2,908.00
		08/2005	416	\$6,996.55	\$21.00	\$0	211	74	56	81	\$4,688.52	\$210.00	\$0	2%	\$11,685.07	\$231.00
		09/2005	421	\$7,456.54	\$225.00	\$0	212	75	56	81	\$5,568.16	\$0.00	\$0	2%	\$13,024.70	\$225.00
		10/2005	423	\$7,169.75	\$1,158.00	\$0	214	74	56	84	\$4,937.23	\$622.00	\$0	15%	\$12,106.98	\$1,780.00
		11/2005	426	\$7,203.49	\$573.00	\$0	216	75	56	85	\$5,050.85	\$0.00	\$0	5%	\$12,254.34	\$573.00
		12/2005	426	\$7,304.71	\$2,719.00	\$0	216	73	56	87	\$5,106.91	\$2,327.00	\$0	41%	\$12,411.62	\$5,046.00
		01/2006	429	\$7,152.88	\$173.00	\$0	224	71	63	90	\$5,153.67	\$329.00	\$0	4%	\$12,306.55	\$502.00
		02/2006	432	\$7,507.15	\$1,907.00	\$0	224	70	63	91	\$5,495.44	\$43.00	\$0	15%	\$13,002.59	\$1,950.00
		03/2006	435	\$7,169.75	\$654.00	\$0	223	70	62	91	\$5,026.53	\$2,433.00	\$0	25%	\$12,196.28	\$3,087.00
		04/2006	432	\$7,456.54	\$752.00	\$0	220	70	61	89	\$5,372.63	\$1,096.00	\$0	14%	\$12,829.17	\$1,848.00
		05/2006	432	\$6,899.83	\$1,899.00	\$0	216	70	57	89	\$4,258.15	\$2,180.00	\$0	37%	\$11,157.98	\$4,079.00
		06/2006	435	\$7,287.84	\$791.00	\$0	217	70	55	92	\$5,029.71	\$725.00	\$0	12%	\$12,317.55	\$1,516.00
		07/2006	436	\$7,422.80	\$136.00	\$0	216	68	56	92	\$5,291.08	\$1,409.00	\$0	12%	\$12,713.88	\$1,545.00
		08/2006	441	\$7,368.92	\$665.00	\$0	220	68	59	93	\$5,076.41	\$1,700.00	\$0	19%	\$12,445.33	\$2,365.00
		09/2006	444	\$7,355.32	\$85.00	\$0	220	69	57	94	\$5,001.99	\$770.00	\$0	7%	\$12,357.31	\$855.00
			17,549	\$288,825.56	\$34,407.69	\$0	9,158	2,973	2,352	3,833	\$209,732.39	\$31,053.61	\$0	13%	\$498,557.95	\$65,461.30



City of Fort Lauderdale
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Plan No.	Cov	Cal. Date	-- M E M B E R --		D E P E N D E N T							O T H E R	
			Lives	EEO	Units	SP	CH	SPCH	SPO	CHO	SPCHO	One Dep	Multi Dep
380593	DEN	03/2003	847	346	501	173	88	240	0	0	0	0	0
		04/2003	845	346	499	172	86	241	0	0	0	0	0
		05/2003	849	345	504	173	87	244	0	0	0	0	0
		06/2003	849	347	502	172	88	242	0	0	0	0	0
		07/2003	850	350	500	173	88	239	0	0	0	0	0
		08/2003	846	349	497	171	89	237	0	0	0	0	0
		09/2003	842	346	496	170	90	236	0	0	0	0	0
		10/2003	831	347	485	165	89	230	0	1	0	0	0
		11/2003	824	342	483	166	89	227	0	1	0	0	0
		12/2003	820	341	480	165	89	225	0	1	0	0	0
		01/2004	794	332	463	156	81	225	0	1	0	0	0
		02/2004	780	325	456	157	79	219	0	1	0	0	0
		03/2004	776	321	456	159	77	219	0	1	0	0	0
		04/2004	771	320	452	159	77	215	0	1	0	0	0
		05/2004	767	318	450	160	77	212	0	1	0	0	0
		06/2004	765	316	450	160	77	212	0	1	0	0	0
		07/2004	759	318	442	157	78	206	0	1	0	0	0
		08/2004	756	323	434	155	77	201	0	1	0	0	0
		09/2004	753	323	431	155	77	198	0	1	0	0	0
		10/2004	753	321	433	157	80	195	0	1	0	0	0
		11/2004	751	319	433	158	78	196	0	1	0	0	0
		12/2004	750	316	435	160	78	196	0	1	0	0	0
		01/2005	758	321	438	163	76	198	0	1	0	0	0
		02/2005	755	322	434	160	76	197	0	1	0	0	0
		03/2005	756	323	434	159	75	199	0	1	0	0	0
		04/2005	748	321	428	157	75	195	0	1	0	0	0
		05/2005	745	313	434	155	78	199	1	1	0	0	0
		06/2005	758	323	437	155	78	202	1	1	0	0	0
		07/2005	759	325	436	153	79	202	1	1	0	0	0
		08/2005	761	328	435	154	78	201	1	1	0	0	0
		09/2005	776	337	441	156	80	203	1	1	0	0	0
		10/2005	780	340	441	157	79	204	1	0	0	0	0
		11/2005	787	344	444	157	81	205	1	0	0	0	0
		12/2005	791	348	444	157	80	206	1	0	0	0	0
		01/2006	820	360	462	157	81	222	2	0	0	0	0
		02/2006	821	362	461	158	81	220	2	0	0	0	0
03/2006	819	361	459	158	80	220	1	0	0	0	0		
04/2006	817	357	461	161	79	220	1	0	0	0	0		
05/2006	824	362	463	161	79	222	1	0	0	0	0		
06/2006	821	362	460	162	77	220	1	0	0	0	0		
07/2006	816	360	456	161	77	218	0	0	0	0	0		
08/2006	821	365	456	162	77	217	0	0	0	0	0		
09/2006	827	368	459	162	78	219	0	0	0	0	0		
			34,138	14,513	19,665	6,918	3,463	9,244	16	24	0	0	0
DMDG		03/2003	420	190	230	68	62	100	0	0	0	0	0
		04/2003	420	191	229	68	61	100	0	0	0	0	0
		05/2003	426	193	233	69	59	105	0	0	0	0	0
		06/2003	424	192	232	68	59	105	0	0	0	0	0
		07/2003	423	191	232	68	58	106	0	0	0	0	0
		08/2003	423	189	234	71	58	105	0	0	0	0	0
		09/2003	421	188	233	71	56	106	0	0	0	0	0
		10/2003	421	190	231	70	57	104	0	0	0	0	0

Note: Employee and Dependent enrollment data includes changes reported after the initial bill was run. Since this source data is updated once a month, the data could be variable.



City of Fort Lauderdale
ZEUS Data
[03/2003 - 10/2006]

Plan No.	Cov	Cal. Date	-- M E M B E R --		D E P E N D E N T							O T H E R	
			Lives	EEO	Units	SP	CH	SPCH	SPO	CHO	SPCHO	One Dep	Multi Dep
380593	DMDG	11/2003	421	190	231	71	58	102	0	0	0	0	0
		12/2003	421	191	230	71	57	102	0	0	0	0	0
		01/2004	392	184	208	66	52	90	0	0	0	0	0
		02/2004	387	183	204	64	52	88	0	0	0	0	0
		03/2004	386	184	202	63	50	89	0	0	0	0	0
		04/2004	385	183	202	63	50	89	0	0	0	0	0
		05/2004	382	183	199	63	47	89	0	0	0	0	0
		06/2004	378	180	198	64	47	87	0	0	0	0	0
		07/2004	377	180	197	65	47	85	0	0	0	0	0
		08/2004	376	181	195	68	46	81	0	0	0	0	0
		09/2004	376	183	193	66	47	80	0	0	0	0	0
		10/2004	375	182	193	67	47	79	0	0	0	0	0
		11/2004	372	179	193	66	47	80	0	0	0	0	0
		12/2004	370	180	190	63	48	79	0	0	0	0	0
		01/2005	379	180	199	71	53	75	0	0	0	0	0
		02/2005	381	184	197	70	53	74	0	0	0	0	0
		03/2005	387	186	201	71	54	76	0	0	0	0	0
		04/2005	394	190	204	72	52	80	0	0	0	0	0
		05/2005	393	189	204	72	53	79	0	0	0	0	0
		06/2005	402	195	207	72	55	80	0	0	0	0	0
		07/2005	409	201	208	75	54	79	0	0	0	0	0
		08/2005	416	205	211	74	56	81	0	0	0	0	0
		09/2005	421	209	212	75	56	81	0	0	0	0	0
		10/2005	423	209	214	74	56	84	0	0	0	0	0
		11/2005	426	210	216	75	56	85	0	0	0	0	0
		12/2005	426	210	216	73	56	87	0	0	0	0	0
		01/2006	429	205	224	71	63	90	0	0	0	0	0
		02/2006	432	208	224	70	63	91	0	0	0	0	0
		03/2006	435	212	223	70	62	91	0	0	0	0	0
		04/2006	432	212	220	70	61	89	0	0	0	0	0
		05/2006	432	216	216	70	57	89	0	0	0	0	0
		06/2006	435	218	217	70	55	92	0	0	0	0	0
		07/2006	436	220	216	68	56	92	0	0	0	0	0
		08/2006	441	221	220	68	59	93	0	0	0	0	0
		09/2006	444	224	220	69	57	94	0	0	0	0	0
			17,549	8,391	9,158	2,973	2,352	3,833	0	0	0	0	0

Note: Employee and Dependent enrollment data includes changes reported after the initial bill was run. Since this source data is updated once a month, the data could be variable.



HMO Dental Census 10062006

Org Lvl 2 No	Plan ID	Option Effective Date	Coverage Option	EE Birth Date	Gender	Zip-EE
PENS	215	2003-11-01 12:00AM	Employee & Spouse	1943-06-27 12:00AM	M	32176
ACTV	215	2006-05-01 12:00AM	Employee Only/Single	1981-01-15 12:00AM	F	33021
PENS	215	2003-03-01 12:00AM	Employee Only/Single	1953-03-01 12:00AM	M	33316
PENS	215	2005-04-01 12:00AM	Employee & Spouse	1939-12-18 12:00AM	M	33301
ACTV	215	2006-09-23 12:00AM	Employee Only/Single	1975-09-24 12:00AM	F	33316
ACTV	215	2006-01-01 12:00AM	Family	1968-05-27 12:00AM	F	33322
ACTV	215	2006-05-01 12:00AM	Employee Only/Single	1960-05-28 12:00AM	F	33308
PENS	215	2003-03-01 12:00AM	Employee & Spouse	1930-10-06 12:00AM	M	34990-4747
ACTV	215	2006-01-01 12:00AM	Employee & Spouse	1956-08-11 12:00AM	F	33004
ACTV	215	2006-01-03 12:00AM	Employee & Spouse	1964-11-22 12:00AM	F	33019
ACTV	215	2006-01-01 12:00AM	Family	1968-05-26 12:00AM	M	33065
ACTV	215	2006-01-01 12:00AM	Employee & Spouse	1958-09-01 12:00AM	F	33330
ACTV	215	2004-05-01 12:00AM	Employee & Spouse	1959-01-28 12:00AM	F	33312
ACTV	215	2006-01-01 12:00AM	Employee Only/Single	1975-05-11 12:00AM	F	33432
ACTV	215	2006-01-01 12:00AM	Employee Only/Single	1955-06-08 12:00AM	M	33312
PENS	215	2005-11-01 12:00AM	Employee & Spouse	1943-01-01 12:00AM	M	33323
ACTV	215	2006-01-01 12:00AM	Employee Only/Single	1945-11-02 12:00AM	F	33322
ACTV	215	2006-01-01 12:00AM	Employee Only/Single	1953-10-12 12:00AM	M	33319
ACTV	215	2006-10-01 12:00AM	Family	1962-06-18 12:00AM	M	33025
ACTV	215	2006-01-01 12:00AM	Employee Only/Single	1972-07-19 12:00AM	F	33025
PENS	215	2005-11-01 12:00AM	Employee Only/Single	1947-07-26 12:00AM	M	33311
ACTV	215	2006-03-01 12:00AM	Employee Only/Single	1976-11-03 12:00AM	M	33306
ACTV	215	2006-01-01 12:00AM	Employee Only/Single	1957-06-07 12:00AM	F	33304
PENS	215	2003-03-01 12:00AM	Employee Only/Single	1943-03-31 12:00AM	M	32102
ACTV	215	2006-07-01 12:00AM	Family	1959-11-11 12:00AM	M	33332
PENS	215	2003-03-01 12:00AM	Employee Only/Single	1950-05-28 12:00AM	M	34491
PENS	215	2003-12-01 12:00AM	Employee & Spouse	1938-06-21 12:00AM	M	33065
ACTV	215	2006-01-01 12:00AM	Employee Only/Single	1951-12-06 12:00AM	F	33063
ACTV	215	2006-08-01 12:00AM	Family	1957-10-18 12:00AM	M	33068
ACTV	215	2006-01-01 12:00AM	Employee Only/Single	1958-08-06 12:00AM	F	33021
ACTV	215	2006-01-01 12:00AM	Family	1964-04-23 12:00AM	F	33312
ACTV	215	2006-06-01 12:00AM	Employee Only/Single	1962-07-27 12:00AM	M	33327
ACTV	215	2006-06-01 12:00AM	Employee & Spouse	1966-12-15 12:00AM	F	33334
ACTV	215	2006-07-01 12:00AM	Employee Only/Single	1975-10-28 12:00AM	F	33312
PENS	215	2005-02-01 12:00AM	Employee & Spouse	1946-07-07 12:00AM	M	34771
ACTV	215	2006-01-01 12:00AM	Employee Only/Single	1953-06-30 12:00AM	F	33311
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1965-01-13 12:00AM	M	33073-4053
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1961-06-19 12:00AM	F	33311
ACTV	230	2006-01-01 12:00AM	Employee & Spouse	1943-02-13 12:00AM	M	33312
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1943-05-01 12:00AM	F	33324
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1973-05-05 12:00AM	M	33029
ACTV	230	2006-01-01 12:00AM	Employee & Children	1953-08-29 12:00AM	M	33023
ACTV	230	2006-01-01 12:00AM	Family	1966-08-06 12:00AM	M	33321
ACTV	230	2006-10-01 12:00AM	Family	1955-09-22 12:00AM	F	33025
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1977-09-01 12:00AM	M	33312
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1957-02-15 12:00AM	F	33312
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1945-01-02 12:00AM	M	33315
ACTV	230	2006-06-01 12:00AM	Family	1946-09-15 12:00AM	M	33027
ACTV	230	2006-01-01 12:00AM	Employee & Spouse	1959-10-13 12:00AM	M	33311
ACTV	230	2006-01-01 12:00AM	Employee & Spouse	1950-12-05 12:00AM	M	33024
ACTV	230	2006-10-01 12:00AM	Family	1985-01-07 12:00AM	M	33063
ACTV	230	2006-03-01 12:00AM	Employee Only/Single	1978-11-08 12:00AM	F	33071
ACTV	230	2006-01-01 12:00AM	Employee & Spouse	1954-04-15 12:00AM	M	33324-6241
PENS	230	2003-09-01 12:00AM	Employee Only/Single	1943-07-18 12:00AM	M	33312
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1962-07-29 12:00AM	F	33309
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1953-01-18 12:00AM	M	33069
ACTV	230	2006-01-01 12:00AM	Family	1958-01-05 12:00AM	M	33470

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Org Lvl 2 No	Plan ID	Option Effective Date	Coverage Option	EE Birth Date	Gender	Zip-EE
ACTV	230	2006-06-01 12:00AM	Employee Only/Single	1986-02-20 12:00AM	M	33069
ACTV	230	2006-01-01 12:00AM	Family	1958-01-06 12:00AM	M	33312
PENS	230	2003-10-01 12:00AM	Employee Only/Single	1949-07-16 12:00AM	F	33334
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1974-01-13 12:00AM	F	33054
ACTV	230	2006-01-28 12:00AM	Employee & Children	1978-10-11 12:00AM	F	33063
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1949-07-10 12:00AM	F	33026
ACTV	230	2006-01-01 12:00AM	Employee & Children	1941-12-29 12:00AM	M	33315
ACTV	230	2006-01-01 12:00AM	Family	1969-10-06 12:00AM	F	33067
ACTV	230	2006-01-01 12:00AM	Employee & Children	1956-09-27 12:00AM	M	33311
PENS	230	2006-10-01 12:00AM	Employee & Children	1956-09-27 12:00AM	M	33311
ACTV	230	2006-01-01 12:00AM	Family	1963-04-25 12:00AM	M	33311
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1958-10-18 12:00AM	M	33020
ACTV	230	2006-01-01 12:00AM	Employee & Children	1981-03-08 12:00AM	M	33311
ACTV	230	2006-07-01 12:00AM	Employee Only/Single	1986-12-15 12:00AM	M	33311
ACTV	230	2006-09-23 12:00AM	Employee Only/Single	1964-02-07 12:00AM	M	34953
ACTV	230	2006-08-01 12:00AM	Employee Only/Single	1965-02-28 12:00AM	F	33311
ACTV	230	2006-01-01 12:00AM	Family	1969-04-30 12:00AM	M	33063
ACTV	230	2006-01-01 12:00AM	Family	1963-01-16 12:00AM	M	33068
ACTV	230	2006-01-01 12:00AM	Family	1958-12-24 12:00AM	M	33024
ACTV	230	2006-01-01 12:00AM	Employee & Spouse	1945-07-25 12:00AM	M	33066
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1965-06-23 12:00AM	M	33311
PENS	230	2005-05-01 12:00AM	Employee Only/Single	1940-09-30 12:00AM	F	33334
ACTV	230	2006-02-02 12:00AM	Employee Only/Single	1981-10-03 12:00AM	F	33312
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1974-03-13 12:00AM	M	33311
ACTV	230	2006-07-29 12:00AM	Employee & Children	1964-10-27 12:00AM	F	33311
ACTV	230	2006-01-01 12:00AM	Family	1971-01-15 12:00AM	M	33317
ACTV	230	2006-01-01 12:00AM	Employee & Spouse	1966-09-02 12:00AM	F	33312
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1949-02-27 12:00AM	F	33308
ACTV	230	2006-08-02 12:00AM	Employee & Children	1974-01-02 12:00AM	F	33311
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1980-02-27 12:00AM	M	33311
ACTV	230	2006-01-01 12:00AM	Family	1964-01-13 12:00AM	F	33309
ACTV	230	2006-08-01 12:00AM	Employee Only/Single	1965-01-01 12:00AM	F	33027
ACTV	230	2006-01-01 12:00AM	Family	1957-12-23 12:00AM	M	33315
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1960-03-03 12:00AM	M	33311
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1974-07-13 12:00AM	M	33025
ACTV	230	2006-01-01 12:00AM	Employee & Spouse	1953-02-20 12:00AM	M	33498
ACTV	230	2006-01-01 12:00AM	Family	1958-02-23 12:00AM	M	33311
ACTV	230	2006-01-01 12:00AM	Employee & Children	1979-12-05 12:00AM	M	33312
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1957-10-12 12:00AM	M	33309
ACTV	230	2006-01-01 12:00AM	Family	1973-05-30 12:00AM	M	33326
ACTV	230	2006-01-01 12:00AM	Family	1965-01-25 12:00AM	M	33334
ACTV	230	2006-01-01 12:00AM	Family	1959-08-19 12:00AM	M	33309
ACTV	230	2006-09-23 12:00AM	Family	1973-08-14 12:00AM	M	33325
PENS	230	2004-05-01 12:00AM	Family	1945-12-30 12:00AM	M	33311
ACTV	230	2006-01-01 12:00AM	Employee & Children	1969-08-23 12:00AM	M	33023
ACTV	230	2006-01-01 12:00AM	Employee & Children	1978-12-31 12:00AM	F	33311
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1981-10-05 12:00AM	M	33311
ACTV	230	2006-05-01 12:00AM	Employee Only/Single	1977-06-18 12:00AM	F	33029
PENS	230	2005-05-01 12:00AM	Employee & Spouse	1946-08-11 12:00AM	M	33305
ACTV	230	2006-01-01 12:00AM	Family	1974-10-28 12:00AM	M	33024
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1956-09-07 12:00AM	M	33334
ACTV	230	2006-01-01 12:00AM	Employee & Spouse	1968-04-07 12:00AM	M	33020
ACTV	230	2006-01-01 12:00AM	Employee & Children	1957-10-25 12:00AM	F	33317
ACTV	230	2006-06-01 12:00AM	Employee & Spouse	1944-12-25 12:00AM	M	33309
ACTV	230	2006-05-01 12:00AM	Family	1967-03-30 12:00AM	M	33319
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1971-10-06 12:00AM	M	33311
ACTV	230	2006-01-01 12:00AM	Employee & Children	1964-02-28 12:00AM	M	33068

HMO Dental Census 10062006

Org Lvl 2 No	Plan ID	Option Effective Date	Coverage Option	EE Birth Date	Gender	Zip-EE
ACTV	230	2006-01-01 12:00AM	Employee & Spouse	1944-09-20 12:00AM	M	33312
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1930-09-22 12:00AM	F	33065
ACTV	230	2006-02-01 12:00AM	Employee Only/Single	1965-08-22 12:00AM	F	34953
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1965-07-24 12:00AM	M	33316
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1939-09-07 12:00AM	F	33311
PENS	230	2001-01-01 12:00AM	Employee Only/Single	1946-12-22 12:00AM	M	34452-8517
PENS	230	2004-08-01 12:00AM	Employee Only/Single	1939-02-18 12:00AM	F	33317
ACTV	230	2006-01-01 12:00AM	Employee & Children	1967-09-25 12:00AM	M	33311
PENS	230	2005-02-01 12:00AM	Family	1951-05-02 12:00AM	M	33315
ACTV	230	2006-01-01 12:00AM	Family	1965-03-21 12:00AM	M	33328
ACTV	230	2006-01-01 12:00AM	Employee & Children	1961-10-25 12:00AM	F	33325
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1984-10-16 12:00AM	M	33313
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1953-08-05 12:00AM	M	33305
ACTV	230	2006-01-01 12:00AM	Employee & Children	1962-10-21 12:00AM	F	33024
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1952-03-04 12:00AM	M	33065
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1986-07-12 12:00AM	M	33063
ACTV	230	2006-01-01 12:00AM	Employee & Children	1956-02-25 12:00AM	M	33311
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1954-06-15 12:00AM	F	33321
ACTV	230	2006-01-01 12:00AM	Employee & Spouse	1951-08-21 12:00AM	M	33311
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1959-02-07 12:00AM	M	33323
ACTV	230	2006-01-01 12:00AM	Family	1960-10-30 12:00AM	M	33313
ACTV	230	2006-01-01 12:00AM	Employee & Children	1978-09-10 12:00AM	F	33317
PENS	230	2001-04-15 12:00AM	Employee & Spouse	1938-09-09 12:00AM	M	33776
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1956-05-21 12:00AM	M	33311
ACTV	230	2006-08-26 12:00AM	Employee & Children	1967-05-12 12:00AM	M	33312
ACTV	230	2006-02-02 12:00AM	Employee Only/Single	1974-11-29 12:00AM	F	33060
ACTV	230	2006-01-01 12:00AM	Family	1959-11-10 12:00AM	M	33314
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1949-09-06 12:00AM	M	33179
ACTV	230	2006-01-01 12:00AM	Employee & Children	1962-10-31 12:00AM	F	33063
ACTV	230	2006-01-01 12:00AM	Employee & Children	1961-09-18 12:00AM	M	33321
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1952-03-07 12:00AM	M	33162
ACTV	230	2006-01-01 12:00AM	Family	1959-01-03 12:00AM	M	33068-3114
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1965-09-14 12:00AM	F	33313
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1956-01-14 12:00AM	M	33312
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1970-06-20 12:00AM	F	33321
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1963-09-17 12:00AM	F	33312
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1958-05-29 12:00AM	M	33304
ACTV	230	2006-01-01 12:00AM	Family	1961-11-16 12:00AM	M	33311
ACTV	230	2006-01-01 12:00AM	Employee & Spouse	1960-07-27 12:00AM	M	33321
ACTV	230	2006-04-01 12:00AM	Employee & Spouse	1963-04-04 12:00AM	M	33069
ACTV	230	2006-01-01 12:00AM	Family	1960-04-28 12:00AM	M	33323
ACTV	230	2006-01-01 12:00AM	Family	1957-05-22 12:00AM	M	33060
ACTV	230	2006-01-01 12:00AM	Family	1964-10-23 12:00AM	F	33311
ACTV	230	2006-01-01 12:00AM	Family	1967-10-18 12:00AM	M	33311
ACTV	230	2006-04-01 12:00AM	Employee Only/Single	1969-07-07 12:00AM	M	33311
ACTV	230	2006-01-01 12:00AM	Family	1965-02-05 12:00AM	M	33328
ACTV	230	2006-01-01 12:00AM	Family	1955-08-27 12:00AM	M	33068-3343
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1976-09-29 12:00AM	F	33334
ACTV	230	2006-01-15 12:00AM	Employee Only/Single	1955-07-10 12:00AM	F	33304
ACTV	230	2006-01-01 12:00AM	Family	1960-05-12 12:00AM	M	34953
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1978-04-24 12:00AM	M	33311
ACTV	230	2006-06-01 12:00AM	Employee Only/Single	1949-11-01 12:00AM	F	33324
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1978-01-12 12:00AM	M	33313
ACTV	230	2006-01-01 12:00AM	Family	1963-07-20 12:00AM	F	33312
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1985-02-26 12:00AM	M	33311
ACTV	230	2006-04-01 12:00AM	Employee Only/Single	1965-11-05 12:00AM	M	33317
ACTV	230	2006-01-01 12:00AM	Family	1960-01-23 12:00AM	M	33313

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Org Lvl 2 No	Plan ID	Option Effective Date	Coverage Option	EE Birth Date	Gender	Zip-EE
ACTV	230	2006-09-23 12:00AM	Family	1960-07-25 12:00AM	F	33068
PENS	230	2005-04-01 12:00AM	Employee Only/Single	1949-06-15 12:00AM	F	33437
ACTV	230	2006-01-01 12:00AM	Family	1955-01-22 12:00AM	M	33309
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1954-07-15 12:00AM	M	33309
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1971-11-07 12:00AM	M	33063
ACTV	230	2006-04-01 12:00AM	Employee & Children	1964-09-27 12:00AM	M	33311
ACTV	230	2006-01-01 12:00AM	Family	1974-06-16 12:00AM	M	33309
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1974-12-30 12:00AM	M	33322
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1940-05-19 12:00AM	M	33004
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1973-10-04 12:00AM	F	33328
ACTV	230	2006-07-29 12:00AM	Employee Only/Single	1970-04-23 12:00AM	M	33326
ACTV	230	2006-01-01 12:00AM	Family	1971-02-27 12:00AM	M	33160
ACTV	230	2006-06-02 12:00AM	Family	1976-07-01 12:00AM	F	33024
ACTV	230	2006-08-01 12:00AM	Employee & Children	1968-04-06 12:00AM	M	33324
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1960-01-12 12:00AM	M	33311
PENS	230	2005-05-01 12:00AM	Employee Only/Single	1943-07-21 12:00AM	F	33435
ACTV	230	2006-01-01 12:00AM	Employee & Spouse	1957-12-18 12:00AM	M	33063
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1947-09-01 12:00AM	M	33312
ACTV	230	2006-05-01 12:00AM	Employee Only/Single	1960-09-26 12:00AM	M	33312
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1982-06-12 12:00AM	F	33027
ACTV	230	2006-03-01 12:00AM	Employee Only/Single	1986-06-03 12:00AM	F	33311
ACTV	230	2006-01-01 12:00AM	Family	1966-05-23 12:00AM	M	33313
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1978-09-17 12:00AM	M	33026
ACTV	230	2006-01-01 12:00AM	Family	1971-08-07 12:00AM	M	33319
ACTV	230	2006-01-01 12:00AM	Family	1960-02-03 12:00AM	M	33334
ACTV	230	2006-01-01 12:00AM	Family	1973-12-24 12:00AM	M	33024
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1963-01-11 12:00AM	M	33023
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1956-11-19 12:00AM	M	33169
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1952-11-13 12:00AM	M	33309
ACTV	230	2006-01-01 12:00AM	Employee & Children	1951-04-21 12:00AM	M	33311
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1953-11-11 12:00AM	F	33309
ACTV	230	2006-06-01 12:00AM	Employee Only/Single	1968-11-06 12:00AM	F	33322
ACTV	230	2006-01-01 12:00AM	Family	1957-09-22 12:00AM	M	33305
ACTV	230	2006-01-01 12:00AM	Employee & Children	1960-12-10 12:00AM	F	33029
ACTV	230	2006-01-01 12:00AM	Employee & Children	1960-11-06 12:00AM	M	33311
ACTV	230	2006-09-01 12:00AM	Employee Only/Single	1985-05-16 12:00AM	M	33311
ACTV	230	2006-01-01 12:00AM	Employee & Spouse	1948-04-25 12:00AM	M	33023
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1963-02-08 12:00AM	M	33315
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1937-08-19 12:00AM	F	33062
ACTV	230	2006-04-01 12:00AM	Employee Only/Single	1950-04-11 12:00AM	M	33306
ACTV	230	2006-07-29 12:00AM	Employee Only/Single	1980-02-15 12:00AM	M	33024
ACTV	230	2006-01-01 12:00AM	Family	1945-07-22 12:00AM	M	33021
ACTV	230	2006-02-01 12:00AM	Employee & Children	1966-12-31 12:00AM	F	33309
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1983-12-21 12:00AM	M	33024
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1974-02-04 12:00AM	F	33068
PENS	230	2004-03-01 12:00AM	Employee Only/Single	1947-07-17 12:00AM	M	33004
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1958-12-25 12:00AM	F	33312
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1973-10-12 12:00AM	M	33324
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1959-11-02 12:00AM	M	33064
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1953-02-03 12:00AM	M	33334
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1965-09-30 12:00AM	M	33311
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1949-05-16 12:00AM	M	33309
PENS	230	2005-02-01 12:00AM	Employee & Spouse	1943-03-07 12:00AM	M	33312
ACTV	230	2006-01-01 12:00AM	Employee & Spouse	1951-10-06 12:00AM	F	33313
PENS	230	2001-01-01 12:00AM	Employee & Spouse	1937-02-23 12:00AM	M	33311
ACTV	230	2006-01-01 12:00AM	Employee & Spouse	1966-04-29 12:00AM	M	33063
ACTV	230	2006-01-01 12:00AM	Employee & Children	1960-04-22 12:00AM	M	33311

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ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1965-12-30 12:00AM	M	33311
ACTV	230	2006-01-01 12:00AM	Family	1970-02-01 12:00AM	M	33311
ACTV	230	2006-01-01 12:00AM	Employee & Spouse	1963-01-25 12:00AM	M	33129
ACTV	230	2006-01-01 12:00AM	Employee & Spouse	1976-04-29 12:00AM	F	33312
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1974-11-27 12:00AM	M	33321
PENS	230	2005-05-01 12:00AM	Employee Only/Single	1946-04-16 12:00AM	M	33068
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1961-05-11 12:00AM	F	33334
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1966-10-21 12:00AM	M	33319
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1971-09-24 12:00AM	M	33309
PENS	230	2004-11-01 12:00AM	Employee Only/Single	1956-04-22 12:00AM	M	33311
ACTV	230	2006-01-01 12:00AM	Employee & Children	1961-11-06 12:00AM	M	33311
ACTV	230	2006-08-01 12:00AM	Employee Only/Single	1953-02-17 12:00AM	M	33311
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1970-09-17 12:00AM	F	33073
PENS	230	2005-05-01 12:00AM	Employee & Spouse	1942-10-03 12:00AM	F	33317
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1952-07-24 12:00AM	F	33026
ACTV	230	2006-01-01 12:00AM	Employee & Children	1973-08-15 12:00AM	F	33309
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1980-10-22 12:00AM	M	33312
ACTV	230	2006-01-01 12:00AM	Employee & Children	1970-04-06 12:00AM	F	33179
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1960-02-08 12:00AM	M	33301
ACTV	230	2006-02-02 12:00AM	Employee Only/Single	1954-11-01 12:00AM	M	33315
ACTV	230	2006-01-01 12:00AM	Employee & Children	1959-11-20 12:00AM	M	33304
ACTV	230	2006-01-01 12:00AM	Employee & Spouse	1956-08-06 12:00AM	M	33064
PENS	230	2006-02-01 12:00AM	Employee Only/Single	1946-03-28 12:00AM	M	33312
ACTV	230	2006-01-01 12:00AM	Employee & Children	1954-08-23 12:00AM	F	33309
ACTV	230	2006-01-01 12:00AM	Employee & Spouse	1945-09-27 12:00AM	M	33063
ACTV	230	2006-01-01 12:00AM	Employee & Spouse	1949-12-29 12:00AM	M	34953
ACTV	230	2006-01-01 12:00AM	Family	1969-06-09 12:00AM	M	33305
ACTV	230	2006-01-01 12:00AM	Employee & Children	1975-05-28 12:00AM	F	33313
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1977-03-04 12:00AM	M	33311
ACTV	230	2006-01-01 12:00AM	Employee & Spouse	1951-09-29 12:00AM	M	33311
PENS	230	2002-02-17 12:00AM	Employee Only/Single	1956-09-18 12:00AM	F	33325
PENS	230	2004-08-01 12:00AM	Employee & Spouse	1945-01-29 12:00AM	M	33311
ACTV	230	2006-01-01 12:00AM	Family	1956-07-05 12:00AM	M	33066
ACTV	230	2006-01-01 12:00AM	Employee & Spouse	1942-12-06 12:00AM	M	33068
ACTV	230	2006-06-01 12:00AM	Family	1972-05-07 12:00AM	F	33068
ACTV	230	2006-01-01 12:00AM	Employee & Children	1955-04-17 12:00AM	M	33060
ACTV	230	2006-01-01 12:00AM	Employee & Children	1969-09-04 12:00AM	M	33060
ACTV	230	2006-05-20 12:00AM	Employee & Children	1953-03-04 12:00AM	M	33312
ACTV	230	2006-01-01 12:00AM	Employee & Spouse	1957-12-11 12:00AM	M	33023
ACTV	230	2006-01-01 12:00AM	Family	1958-01-27 12:00AM	M	33311
PENS	230	2005-05-01 12:00AM	Employee & Spouse	1950-05-07 12:00AM	M	33312
ACTV	230	2006-01-01 12:00AM	Family	1964-05-12 12:00AM	F	33065
ACTV	230	2006-06-01 12:00AM	Employee Only/Single	1963-10-28 12:00AM	F	33069
ACTV	230	2006-01-01 12:00AM	Employee & Spouse	1953-11-29 12:00AM	M	33312
ACTV	230	2006-05-01 12:00AM	Employee Only/Single	1967-10-29 12:00AM	M	33313
PENS	230	2001-01-21 12:00AM	Employee Only/Single	1942-09-15 12:00AM	M	33311
ACTV	230	2006-03-25 12:00AM	Family	1965-11-24 12:00AM	M	33313
ACTV	230	2006-01-01 12:00AM	Family	1965-05-28 12:00AM	F	33311
ACTV	230	2006-01-01 12:00AM	Family	1962-11-10 12:00AM	F	33441
ACTV	230	2006-01-01 12:00AM	Family	1960-09-29 12:00AM	M	33313
ACTV	230	2006-05-01 12:00AM	Employee Only/Single	1985-12-11 12:00AM	M	33311
ACTV	230	2006-01-01 12:00AM	Employee & Children	1967-04-21 12:00AM	M	33311
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1967-09-10 12:00AM	F	33321
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1959-11-30 12:00AM	M	33311
ACTV	230	2006-01-14 12:00AM	Family	1954-07-22 12:00AM	M	33334
PENS	230	2003-07-01 12:00AM	Employee & Spouse	1933-07-27 12:00AM	M	34748-7725
ACTV	230	2006-01-01 12:00AM	Family	1971-04-08 12:00AM	F	33319

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ACTV	230	2006-09-23 12:00AM	Family	1969-11-10 12:00AM	M	33169
PENS	230	2003-12-01 12:00AM	Employee & Spouse	1940-12-27 12:00AM	M	32903
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1952-12-22 12:00AM	M	33313
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1972-02-13 12:00AM	F	33334
ACTV	230	2006-01-01 12:00AM	Employee & Children	1967-05-15 12:00AM	F	33313
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1945-03-29 12:00AM	F	33322
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1954-10-31 12:00AM	M	33486
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1974-03-28 12:00AM	M	33317
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1967-09-03 12:00AM	F	33312
ACTV	230	2006-01-01 12:00AM	Employee & Spouse	1958-05-31 12:00AM	M	33311
ACTV	230	2006-03-01 12:00AM	Employee Only/Single	1948-06-28 12:00AM	M	33305
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1963-01-19 12:00AM	M	33068
ACTV	230	2006-01-01 12:00AM	Family	1959-03-09 12:00AM	M	33311
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1944-04-09 12:00AM	F	33313
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1947-05-10 12:00AM	M	33068
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1945-08-04 12:00AM	M	33067
ACTV	230	2006-01-01 12:00AM	Family	1972-01-05 12:00AM	F	33319
ACTV	230	2006-01-01 12:00AM	Employee & Spouse	1967-04-04 12:00AM	M	33309
PENS	230	2005-05-01 12:00AM	Employee & Spouse	1945-12-10 12:00AM	F	33026
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1949-08-09 12:00AM	M	33063
ACTV	230	2006-09-23 12:00AM	Family	1962-03-11 12:00AM	M	33319
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1965-01-02 12:00AM	F	33463
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1979-11-04 12:00AM	M	33325
ACTV	230	2006-01-01 12:00AM	Employee & Children	1973-08-04 12:00AM	F	33311
ACTV	230	2006-03-01 12:00AM	Family	1972-05-23 12:00AM	M	33311
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1974-08-24 12:00AM	M	33301
ACTV	230	2006-01-01 12:00AM	Family	1956-10-08 12:00AM	F	33311
ACTV	230	2006-09-23 12:00AM	Employee Only/Single	1954-12-30 12:00AM	M	33311
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1957-08-31 12:00AM	M	33162
ACTV	230	2006-09-01 12:00AM	Employee & Spouse	1983-01-14 12:00AM	M	33169
ACTV	230	2006-01-01 12:00AM	Employee & Spouse	1951-11-04 12:00AM	F	33169
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1967-12-14 12:00AM	M	33334
ACTV	230	2006-09-01 12:00AM	Employee Only/Single	1964-08-02 12:00AM	F	33324
ACTV	230	2006-01-01 12:00AM	Employee & Children	1978-01-19 12:00AM	F	33312
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1977-04-06 12:00AM	F	33183
ACTV	230	2006-04-01 12:00AM	Employee Only/Single	1980-07-23 12:00AM	F	33441
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1972-04-10 12:00AM	M	33064
ACTV	230	2006-10-01 12:00AM	Employee Only/Single	1978-11-01 12:00AM	M	33311
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1968-02-05 12:00AM	M	33162
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1945-08-02 12:00AM	M	33065
ACTV	230	2006-01-01 12:00AM	Family	1959-03-24 12:00AM	M	33322
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1956-07-17 12:00AM	M	33309
ACTV	230	2006-01-01 12:00AM	Employee & Children	1975-11-01 12:00AM	F	33026
ACTV	230	2006-01-01 12:00AM	Family	1979-10-06 12:00AM	M	33311
ACTV	230	2006-08-12 12:00AM	Employee Only/Single	1961-07-21 12:00AM	F	33304
ACTV	230	2006-01-01 12:00AM	Family	1965-08-18 12:00AM	M	33325
ACTV	230	2006-09-01 12:00AM	Employee Only/Single	1977-05-13 12:00AM	M	33023
ACTV	230	2006-01-01 12:00AM	Family	1964-09-01 12:00AM	F	33317
ACTV	230	2006-01-01 12:00AM	Family	1960-04-08 12:00AM	M	33024
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1943-04-19 12:00AM	M	33068
PENS	230	2006-07-01 12:00AM	Employee Only/Single	1943-03-16 12:00AM	F	33063
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1954-08-13 12:00AM	F	33028
PENS	230	2005-08-01 12:00AM	Employee & Spouse	1938-08-14 12:00AM	F	33322
ACTV	230	2006-01-01 12:00AM	Family	1972-06-07 12:00AM	M	33311
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1982-12-03 12:00AM	M	33312
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1950-01-31 12:00AM	M	33334
ACTV	230	2006-01-01 12:00AM	Family	1961-01-26 12:00AM	M	33068

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ACTV	230	2006-01-01 12:00AM	Employee & Children	1970-07-08 12:00AM	F	33060
ACTV	230	2006-01-01 12:00AM	Employee & Spouse	1974-06-15 12:00AM	M	33319
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1955-03-06 12:00AM	M	33309
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1958-04-02 12:00AM	M	33351
ACTV	230	2006-01-01 12:00AM	Family	1979-12-27 12:00AM	M	33322
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1975-07-18 12:00AM	M	33313
ACTV	230	2006-03-02 12:00AM	Employee Only/Single	1979-10-24 12:00AM	M	33311
ACTV	230	2006-01-01 12:00AM	Employee & Children	1956-05-08 12:00AM	M	33004
ACTV	230	2006-08-01 12:00AM	Employee Only/Single	1980-07-26 12:00AM	M	33181
ACTV	230	2006-04-01 12:00AM	Employee Only/Single	1970-03-10 12:00AM	M	33069
ACTV	230	2006-01-01 12:00AM	Family	1963-07-12 12:00AM	M	33062
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1954-11-18 12:00AM	M	33021
ACTV	230	2006-01-01 12:00AM	Employee & Children	1936-12-16 12:00AM	M	33319
ACTV	230	2006-01-01 12:00AM	Employee & Spouse	1954-02-06 12:00AM	M	33071
ACTV	230	2006-01-01 12:00AM	Family	1968-08-29 12:00AM	M	33311
ACTV	230	2006-01-01 12:00AM	Family	1975-03-17 12:00AM	F	33309
ACTV	230	2006-01-01 12:00AM	Employee & Children	1966-09-23 12:00AM	M	33334
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1974-06-21 12:00AM	F	33167
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1968-09-04 12:00AM	M	33314
ACTV	230	2006-01-01 12:00AM	Employee & Spouse	1951-08-16 12:00AM	M	33316
ACTV	230	2006-07-01 12:00AM	Employee Only/Single	1959-05-10 12:00AM	M	33306
ACTV	230	2006-10-01 12:00AM	Employee & Spouse	1967-02-18 12:00AM	M	33021
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1964-08-29 12:00AM	M	33064
ACTV	230	2006-01-01 12:00AM	Employee & Children	1961-09-21 12:00AM	M	33311
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1964-04-19 12:00AM	M	33309
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1947-10-11 12:00AM	F	33026
ACTV	230	2006-01-01 12:00AM	Employee & Spouse	1947-06-07 12:00AM	M	33025
ACTV	230	2006-01-01 12:00AM	Family	1959-06-20 12:00AM	M	33324
ACTV	230	2006-05-01 12:00AM	Employee Only/Single	1967-10-16 12:00AM	M	33023
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1952-08-07 12:00AM	M	33442
ACTV	230	2006-01-01 12:00AM	Family	1953-10-05 12:00AM	M	33317
ACTV	230	2006-10-01 12:00AM	Employee Only/Single	1986-08-15 12:00AM	M	33311
ACTV	230	2006-01-01 12:00AM	Family	1960-06-08 12:00AM	M	33319
ACTV	230	2006-01-01 12:00AM	Employee & Children	1959-10-20 12:00AM	M	33169
ACTV	230	2006-01-01 12:00AM	Family	1965-11-20 12:00AM	F	33319
ACTV	230	2006-09-23 12:00AM	Employee Only/Single	1959-02-03 12:00AM	M	33312
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1949-01-05 12:00AM	F	33321
ACTV	230	2006-09-23 12:00AM	Family	1960-12-26 12:00AM	M	33060
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1951-06-30 12:00AM	M	33024
ACTV	230	2006-01-01 12:00AM	Employee & Children	1980-10-05 12:00AM	M	33311
PENS	230	2005-02-01 12:00AM	Employee Only/Single	1942-06-26 12:00AM	M	33470
ACTV	230	2006-01-01 12:00AM	Employee & Children	1964-05-29 12:00AM	F	33334
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1954-11-12 12:00AM	M	33304
ACTV	230	2006-01-01 12:00AM	Family	1965-06-08 12:00AM	M	34953
ACTV	230	2006-10-01 12:00AM	Employee & Spouse	1982-08-07 12:00AM	M	33317
ACTV	230	2006-03-01 12:00AM	Employee Only/Single	1971-07-09 12:00AM	F	33319
ACTV	230	2006-01-01 12:00AM	Family	1979-03-27 12:00AM	M	33317
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1961-10-29 12:00AM	F	33063
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1958-08-10 12:00AM	M	33314
ACTV	230	2006-09-23 12:00AM	Employee Only/Single	1952-12-27 12:00AM	M	33308
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1959-11-07 12:00AM	M	33026
ACTV	230	2006-01-01 12:00AM	Employee & Children	1972-10-07 12:00AM	F	33060
ACTV	230	2006-01-01 12:00AM	Employee & Spouse	1956-10-18 12:00AM	M	33311
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1959-05-07 12:00AM	F	33319
ACTV	230	2006-08-01 12:00AM	Employee & Children	1976-10-23 12:00AM	M	33428
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1970-11-18 12:00AM	M	33311
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1969-12-14 12:00AM	F	33319

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PENS	230	2004-04-01 12:00AM	Employee Only/Single	1943-01-04 12:00AM	M	33315
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1956-09-02 12:00AM	M	33301
PENS	230	2006-09-01 12:00AM	Employee Only/Single	1942-07-28 12:00AM	F	33322
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1944-03-13 12:00AM	M	33062
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1963-08-21 12:00AM	F	33309
PENS	230	2005-02-01 12:00AM	Employee Only/Single	1946-10-24 12:00AM	M	33311
PENS	230	2004-08-01 12:00AM	Employee & Spouse	1955-10-21 12:00AM	M	32066
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1960-08-22 12:00AM	M	33312
ACTV	230	2006-01-01 12:00AM	Family	1966-09-19 12:00AM	M	33351
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1979-12-31 12:00AM	F	33055
PENS	230	2004-03-01 12:00AM	Employee & Spouse	1933-04-04 12:00AM	M	33311
ACTV	230	2006-09-01 12:00AM	Employee & Children	1965-03-30 12:00AM	M	33313
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1953-01-28 12:00AM	F	33312
ACTV	230	2006-01-01 12:00AM	Employee & Spouse	1956-12-03 12:00AM	M	33311
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1948-09-23 12:00AM	F	33308
PENS	230	2006-04-01 12:00AM	Employee Only/Single	1947-09-15 12:00AM	M	33312
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1965-05-24 12:00AM	M	33312
ACTV	230	2006-01-01 12:00AM	Employee & Spouse	1953-08-07 12:00AM	F	33019
ACTV	230	2006-01-01 12:00AM	Employee Only/Single	1967-12-01 12:00AM	F	33311
PENS	230	2005-02-01 12:00AM	Employee Only/Single	1943-04-14 12:00AM	M	33315
ACTV	230	2006-01-01 12:00AM	Employee & Spouse	1954-06-29 12:00AM	F	33162
ACTV	230	2006-01-01 12:00AM	Employee & Children	1964-05-07 12:00AM	M	33076
PENS	230	2005-05-01 12:00AM	Employee Only/Single	1943-04-27 12:00AM	F	33325
ACTV	251	2006-07-01 12:00AM	Family	1970-09-06 12:00AM	M	33311
ACTV	251	2006-07-01 12:00AM	Employee Only/Single	1965-11-27 12:00AM	F	33428
ACTV	251	2006-10-01 12:00AM	Employee & Children	1962-03-27 12:00AM	M	33302-1036
ACTV	251	2006-07-01 12:00AM	Employee Only/Single	1965-12-01 12:00AM	F	33062
ACTV	261	2006-09-23 12:00AM	Employee & Spouse	1972-01-25 12:00AM	M	33009
ACTV	261	2006-06-01 12:00AM	Employee Only/Single	1962-07-14 12:00AM	M	33305
ACTV	261	2006-06-01 12:00AM	Family	1957-03-09 12:00AM	M	33328
ACTV	261	2006-06-01 12:00AM	Employee & Spouse	1941-07-22 12:00AM	M	33312
ACTV	261	2006-06-01 12:00AM	Employee & Spouse	1960-10-10 12:00AM	F	33325
ACTV	261	2006-07-01 12:00AM	Employee Only/Single	1956-02-04 12:00AM	M	33304
ACTV	261	2006-06-01 12:00AM	Employee Only/Single	1971-07-24 12:00AM	M	33304
ACTV	261	2006-06-01 12:00AM	Employee & Spouse	1976-07-03 12:00AM	F	33486
ACTV	261	2006-06-01 12:00AM	Employee Only/Single	1976-01-02 12:00AM	M	33076
ACTV	261	2006-06-01 12:00AM	Family	1968-07-16 12:00AM	M	33027
ACTV	261	2006-06-01 12:00AM	Family	1971-08-23 12:00AM	M	33312
ACTV	261	2006-09-01 12:00AM	Family	1959-01-29 12:00AM	M	33328
ACTV	261	2006-06-01 12:00AM	Employee Only/Single	1954-08-18 12:00AM	M	33305
ACTV	261	2006-06-01 12:00AM	Employee Only/Single	1958-11-29 12:00AM	F	33309
ACTV	261	2006-07-01 12:00AM	Employee & Spouse	1943-10-20 12:00AM	F	33315

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PENS	210	2005-03-01 12:00AM	Employee Only/Single	1952-09-16 12:00AM	Male	33071
ACTV	210	2006-01-01 12:00AM	Family	1965-09-30 12:00AM	Male	33405
ACTV	210	2006-01-01 12:00AM	Family	1964-02-22 12:00AM	Female	33322
ACTV	210	2006-01-01 12:00AM	Employee & Spouse	1941-03-08 12:00AM	Male	33311
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1980-04-21 12:00AM	Female	33020
PENS	210	2001-01-01 12:00AM	Employee Only/Single	1942-09-28 12:00AM	Male	30052
ACTV	210	2006-01-01 12:00AM	Employee & Spouse	1949-09-20 12:00AM	Female	33309
ACTV	210	2006-01-01 12:00AM	Employee & Spouse	1958-05-30 12:00AM	Male	33139
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1967-06-10 12:00AM	Female	33319
ACTV	210	2006-01-01 12:00AM	Family	1963-05-08 12:00AM	Male	33069
ACTV	210	2006-01-01 12:00AM	Employee & Spouse	1969-04-20 12:00AM	Male	33021
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1963-07-09 12:00AM	Male	33025
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1961-04-24 12:00AM	Male	33311
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1958-09-11 12:00AM	Male	34949
ACTV	210	2006-01-01 12:00AM	Family	1968-09-06 12:00AM	Male	33436
ACTV	210	2006-01-01 12:00AM	Family	1967-09-12 12:00AM	Female	33311
PENS	210	2005-05-01 12:00AM	Employee & Spouse	1943-06-01 12:00AM	Female	33351
ACTV	210	2006-01-01 12:00AM	Family	1954-03-08 12:00AM	Female	33315-3209
ACTV	210	2006-01-01 12:00AM	Employee & Children	1950-07-22 12:00AM	Male	33301
ACTV	210	2006-01-01 12:00AM	Family	1968-10-11 12:00AM	Male	33351
PENS	210	2003-10-01 12:00AM	Employee Only/Single	1940-03-10 12:00AM	Male	33311
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1977-05-07 12:00AM	Female	33351
ACTV	210	2006-01-01 12:00AM	Employee & Spouse	1955-10-03 12:00AM	Female	33334
ACTV	210	2006-01-01 12:00AM	Family	1968-06-21 12:00AM	Female	33067
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1945-11-03 12:00AM	Female	33309
ACTV	210	2006-01-01 12:00AM	Family	1965-06-12 12:00AM	Male	33063
ACTV	210	2006-01-01 12:00AM	Employee & Spouse	1954-02-02 12:00AM	Male	33157
ACTV	210	2006-05-22 12:00AM	Employee & Children	1966-07-22 12:00AM	Male	33326
ACTV	210	2006-01-01 12:00AM	Family	1957-12-06 12:00AM	Male	33305
PENS	210	2004-02-01 12:00AM	Employee Only/Single	1941-10-12 12:00AM	Male	33063
ACTV	210	2006-01-01 12:00AM	Employee & Children	1968-04-07 12:00AM	Female	33157
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1967-06-29 12:00AM	Female	33302
ACTV	210	2006-05-01 12:00AM	Employee & Children	1971-06-01 12:00AM	Female	33319
PENS	210	2001-01-01 12:00AM	Employee & Spouse	1938-03-12 12:00AM	Male	33308
ACTV	210	2006-01-01 12:00AM	Family	1956-02-21 12:00AM	Female	33445
PENS	210	2002-04-14 12:00AM	Employee & Spouse	1940-08-26 12:00AM	Male	32065
PENS	210	2002-05-12 12:00AM	Employee Only/Single	1942-06-16 12:00AM	Male	33064
PENS	210	2004-03-01 12:00AM	Employee & Spouse	1946-09-26 12:00AM	Male	33311
ACTV	210	2006-01-01 12:00AM	Family	1953-12-02 12:00AM	Male	33325
ACTV	210	2006-01-01 12:00AM	Employee & Children	1957-02-06 12:00AM	Female	33065
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1956-11-05 12:00AM	Female	33316
ACTV	210	2006-01-01 12:00AM	Employee & Children	1952-11-04 12:00AM	Female	33317
ACTV	210	2006-01-01 12:00AM	Employee & Spouse	1967-07-19 12:00AM	Female	33029
ACTV	210	2006-01-01 12:00AM	Family	1957-11-05 12:00AM	Female	33309
ACTV	210	2006-01-01 12:00AM	Family	1965-03-28 12:00AM	Male	33486
ACTV	210	2006-01-01 12:00AM	Employee & Spouse	1954-07-12 12:00AM	Male	33063
ACTV	210	2006-01-01 12:00AM	Employee & Spouse	1979-03-14 12:00AM	Female	33024
ACTV	210	2006-01-01 12:00AM	Employee & Children	1952-11-30 12:00AM	Male	33071
ACTV	210	2006-01-01 12:00AM	Employee & Spouse	1943-03-27 12:00AM	Male	33179
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1953-08-01 12:00AM	Male	33064-7438
ACTV	210	2006-01-01 12:00AM	Family	1959-04-09 12:00AM	Male	33311
ACTV	210	2006-01-01 12:00AM	Employee & Children	1964-10-10 12:00AM	Female	33313
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1950-09-16 12:00AM	Female	33314
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1946-09-05 12:00AM	Female	33071
ACTV	210	2006-01-01 12:00AM	Employee & Spouse	1951-06-18 12:00AM	Male	33312
ACTV	210	2006-08-01 12:00AM	Family	1959-11-13 12:00AM	Male	33308
ACTV	210	2006-08-01 12:00AM	Employee & Spouse	1948-07-04 12:00AM	Male	33317
ACTV	210	2006-01-01 12:00AM	Family	1960-05-25 12:00AM	Male	33487
PENS	210	2003-08-01 12:00AM	Employee & Spouse	1937-08-03 12:00AM	Male	33316-2104

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PENS	210	2001-01-01 12:00AM	Employee Only/Single	1934-04-26 12:00AM	Male	33021
PENS	210	2002-01-20 12:00AM	Employee Only/Single	1943-01-16 12:00AM	Female	33316
PENS	210	2001-06-10 12:00AM	Employee Only/Single	1950-06-03 12:00AM	Male	33063-6720
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1943-09-07 12:00AM	Female	33316
ACTV	210	2006-01-01 12:00AM	Employee & Children	1958-04-05 12:00AM	Female	33323
PENS	210	2003-03-01 12:00AM	Employee Only/Single	1936-07-08 12:00AM	Female	34990
ACTV	210	2006-01-01 12:00AM	Employee & Spouse	1953-12-06 12:00AM	Female	33321
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1944-12-28 12:00AM	Female	33308
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1958-11-14 12:00AM	Female	33023
ACTV	210	2006-01-01 12:00AM	Employee & Spouse	1950-03-03 12:00AM	Female	33308
PENS	210	2004-10-01 12:00AM	Employee Only/Single	1948-03-09 12:00AM	Male	05820-0210
ACTV	210	2006-01-01 12:00AM	Family	1961-03-03 12:00AM	Male	33326
ACTV	210	2006-01-01 12:00AM	Employee & Spouse	1966-02-07 12:00AM	Male	33433
ACTV	210	2006-01-01 12:00AM	Family	1957-08-22 12:00AM	Male	33334
ACTV	210	2006-08-01 12:00AM	Employee Only/Single	1967-10-05 12:00AM	Male	33331
ACTV	210	2006-01-01 12:00AM	Family	1962-05-07 12:00AM	Male	33073
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1947-08-02 12:00AM	Male	33301
ACTV	210	2006-01-01 12:00AM	Employee & Spouse	1948-01-07 12:00AM	Female	33321
PENS	210	2001-01-01 12:00AM	Employee Only/Single	1929-08-03 12:00AM	Female	33324
ACTV	210	2006-01-01 12:00AM	Employee & Children	1956-11-14 12:00AM	Female	33317
ACTV	210	2006-07-29 12:00AM	Employee Only/Single	1964-03-13 12:00AM	Female	33334
ACTV	210	2006-02-01 12:00AM	Employee Only/Single	1949-05-27 12:00AM	Male	33309
PENS	210	2003-08-01 12:00AM	Employee Only/Single	1935-02-20 12:00AM	Female	85739
ACTV	210	2006-01-01 12:00AM	Employee & Children	1962-03-04 12:00AM	Male	33436
ACTV	210	2006-01-01 12:00AM	Family	1959-02-17 12:00AM	Male	33021
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1943-10-28 12:00AM	Male	33312
ACTV	210	2006-01-01 12:00AM	Employee & Spouse	1952-11-23 12:00AM	Male	33478
PENS	210	2005-01-01 12:00AM	Employee Only/Single	1947-11-12 12:00AM	Male	33309
ACTV	210	2006-01-01 12:00AM	Employee & Children	1958-01-22 12:00AM	Male	33334
PENS	210	2001-01-01 12:00AM	Employee & Spouse	1931-08-12 12:00AM	Male	33334
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1949-09-24 12:00AM	Male	33324
PENS	210	2003-11-01 12:00AM	Employee Only/Single	1949-09-24 12:00AM	Male	33328
ACTV	210	2006-01-01 12:00AM	Employee & Spouse	1952-10-25 12:00AM	Female	33309-3262
ACTV	210	2006-01-01 12:00AM	Employee & Spouse	1961-08-29 12:00AM	Female	33323
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1963-06-09 12:00AM	Female	33150
ACTV	210	2006-05-01 12:00AM	Employee Only/Single	1952-11-26 12:00AM	Female	33025
ACTV	210	2006-01-01 12:00AM	Family	1957-06-09 12:00AM	Male	33009
ACTV	210	2006-01-01 12:00AM	Family	1948-11-27 12:00AM	Male	33305-2719
ACTV	210	2006-01-01 12:00AM	Employee & Spouse	1948-11-14 12:00AM	Female	33067
PENS	210	2001-01-01 12:00AM	Employee Only/Single	1943-02-14 12:00AM	Male	33857
PENS	210	2001-01-01 12:00AM	Employee Only/Single	1925-06-27 12:00AM	Male	33334
ACTV	210	2006-01-02 12:00AM	Family	1959-01-03 12:00AM	Male	33467
ACTV	210	2006-01-01 12:00AM	Family	1952-06-22 12:00AM	Male	33076
ACTV	210	2006-01-01 12:00AM	Family	1969-03-06 12:00AM	Male	33065
ACTV	210	2006-09-01 12:00AM	Employee & Spouse	1945-09-13 12:00AM	Female	33060
PENS	210	2003-09-01 12:00AM	Employee Only/Single	1941-08-13 12:00AM	Male	34992
PENS	210	2005-04-01 12:00AM	Family	1949-02-16 12:00AM	Male	33444
ACTV	210	2006-01-01 12:00AM	Family	1958-09-15 12:00AM	Male	33312
ACTV	210	2006-09-23 12:00AM	Employee Only/Single	1970-09-03 12:00AM	Female	33020
PENS	210	2005-12-01 12:00AM	Employee & Spouse	1947-03-16 12:00AM	Female	33304
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1966-09-24 12:00AM	Male	33071
ACTV	210	2006-09-01 12:00AM	Employee & Children	1957-11-16 12:00AM	Female	33305
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1959-06-19 12:00AM	Female	33062
ACTV	210	2006-01-01 12:00AM	Family	1946-12-13 12:00AM	Male	33331
ACTV	210	2006-01-01 12:00AM	Employee & Spouse	1959-06-29 12:00AM	Male	33029
ACTV	210	2006-01-01 12:00AM	Family	1959-11-02 12:00AM	Female	33442
PENS	210	2006-02-01 12:00AM	Employee & Spouse	1946-12-01 12:00AM	Male	33004
ACTV	210	2006-01-01 12:00AM	Family	1954-09-28 12:00AM	Male	33325
ACTV	210	2006-09-01 12:00AM	Employee & Children	1963-02-12 12:00AM	Female	33321

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PENS	210	2004-07-01 12:00AM	Employee & Spouse	1948-11-22 12:00AM	Male	31210
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1954-10-31 12:00AM	Male	33319
PENS	210	2005-06-01 12:00AM	Employee Only/Single	1952-08-16 12:00AM	Male	33063
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1968-05-24 12:00AM	Male	33316
ACTV	210	2006-01-01 12:00AM	Employee & Spouse	1973-04-12 12:00AM	Female	33305
PENS	210	2003-07-01 12:00AM	Employee & Children	1946-04-05 12:00AM	Male	33305
ACTV	210	2006-01-01 12:00AM	Family	1972-03-30 12:00AM	Female	33351
ACTV	210	2006-01-01 12:00AM	Employee & Spouse	1959-05-24 12:00AM	Male	33068
PENS	210	2005-02-01 12:00AM	Employee & Spouse	1935-03-30 12:00AM	Female	76001
ACTV	210	2006-01-01 12:00AM	Family	1958-11-29 12:00AM	Male	33323
PENS	210	2003-10-01 12:00AM	Employee Only/Single	1942-08-16 12:00AM	Male	33311
ACTV	210	2006-07-29 12:00AM	Employee & Spouse	1957-11-10 12:00AM	Female	33069
PENS	210	2001-01-01 12:00AM	Employee & Spouse	1930-06-19 12:00AM	Male	33319
ACTV	210	2006-01-01 12:00AM	Family	1960-12-03 12:00AM	Male	33071
ACTV	210	2006-01-01 12:00AM	Family	1951-11-10 12:00AM	Female	33321
ACTV	210	2006-04-22 12:00AM	Employee Only/Single	1959-09-03 12:00AM	Male	33304
ACTV	210	2006-01-01 12:00AM	Employee & Children	1946-10-05 12:00AM	Male	33065
ACTV	210	2006-09-01 12:00AM	Employee Only/Single	1964-02-14 12:00AM	Male	33301
ACTV	210	2006-01-01 12:00AM	Employee & Children	1965-08-16 12:00AM	Male	33309
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1967-04-04 12:00AM	Male	12601
PENS	210	2003-07-01 12:00AM	Employee & Spouse	1936-09-05 12:00AM	Male	33311
PENS	210	2001-01-01 12:00AM	Employee Only/Single	1946-11-20 12:00AM	Female	33069
ACTV	210	2006-01-01 12:00AM	Family	1952-07-13 12:00AM	Male	33026-1364
ACTV	210	2006-01-01 12:00AM	Family	1957-09-05 12:00AM	Male	33445
ACTV	210	2006-01-01 12:00AM	Employee & Spouse	1943-09-04 12:00AM	Male	33319
PENS	210	2001-11-11 12:00AM	Employee & Children	1943-06-28 12:00AM	Male	33073
PENS	210	2001-01-01 12:00AM	Employee & Spouse	1944-05-02 12:00AM	Male	30568
PENS	210	2005-04-01 12:00AM	Employee & Spouse	1948-06-18 12:00AM	Male	32327
PENS	210	2001-01-01 12:00AM	Employee & Spouse	1935-12-04 12:00AM	Male	34478
ACTV	210	2006-10-01 12:00AM	Employee Only/Single	1957-03-16 12:00AM	Female	33315
ACTV	210	2006-05-01 12:00AM	Employee Only/Single	1965-01-06 12:00AM	Female	33311
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1959-09-25 12:00AM	Female	33312
PENS	210	2001-01-01 12:00AM	Employee & Spouse	1929-01-05 12:00AM	Male	32796
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1952-10-05 12:00AM	Female	33308
ACTV	210	2006-02-01 12:00AM	Employee & Spouse	1952-07-15 12:00AM	Male	33441
ACTV	210	2006-01-01 12:00AM	Family	1960-07-24 12:00AM	Male	33304
ACTV	210	2006-01-01 12:00AM	Employee & Spouse	1974-04-11 12:00AM	Female	33331
ACTV	210	2006-01-01 12:00AM	Family	1960-02-19 12:00AM	Male	33021
ACTV	210	2006-01-01 12:00AM	Family	1962-11-03 12:00AM	Male	33308-1034
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1955-01-20 12:00AM	Male	33312
ACTV	210	2006-07-02 12:00AM	Family	1964-04-02 12:00AM	Male	33626
ACTV	210	2006-01-01 12:00AM	Family	1964-10-06 12:00AM	Female	33312
PENS	210	2001-01-01 12:00AM	Employee Only/Single	1936-01-19 12:00AM	Male	28792
PENS	210	2002-01-20 12:00AM	Employee & Spouse	1937-11-15 12:00AM	Female	33351
ACTV	210	2006-01-01 12:00AM	Employee & Spouse	1948-01-06 12:00AM	Female	33322
PENS	210	2005-02-01 12:00AM	Employee & Spouse	1939-12-15 12:00AM	Male	33312
PENS	210	2003-03-01 12:00AM	Family	1944-08-24 12:00AM	Male	33470
ACTV	210	2006-01-01 12:00AM	Employee & Children	1956-05-14 12:00AM	Male	33301
PENS	210	2005-05-01 12:00AM	Employee & Spouse	1946-08-21 12:00AM	Male	33317
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1947-06-30 12:00AM	Male	10605
PENS	210	2006-03-01 12:00AM	Family	1950-01-10 12:00AM	Male	33308
PENS	210	2001-01-01 12:00AM	Employee Only/Single	1927-07-17 12:00AM	Male	33436
PENS	210	2005-05-01 12:00AM	Family	1947-01-18 12:00AM	Male	33065
ACTV	210	2006-01-01 12:00AM	Family	1961-06-07 12:00AM	Female	33442
ACTV	210	2006-01-01 12:00AM	Employee & Children	1962-03-13 12:00AM	Female	33029
ACTV	210	2006-01-01 12:00AM	Employee & Children	1959-11-23 12:00AM	Female	33068
ACTV	210	2006-01-01 12:00AM	Family	1960-12-07 12:00AM	Female	33029
PENS	210	2001-01-01 12:00AM	Employee Only/Single	1938-07-20 12:00AM	Female	12065
PENS	210	2001-02-01 12:00AM	Employee Only/Single	1933-11-07 12:00AM	Male	33301

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ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1979-05-05 12:00AM	Female	33334
PENS	210	2005-11-01 12:00AM	Family	1949-08-27 12:00AM	Male	33311
PENS	210	2006-10-01 12:00AM	Family	1963-09-23 12:00AM	Female	54180
ACTV	210	2006-02-01 12:00AM	Family	1968-08-24 12:00AM	Male	33322
PENS	210	2005-04-01 12:00AM	Employee & Spouse	1946-02-21 12:00AM	Male	33309
PENS	210	2004-03-01 12:00AM	Family	1947-09-28 12:00AM	Male	33876
ACTV	210	2006-01-01 12:00AM	Employee & Children	1954-07-05 12:00AM	Female	33313
ACTV	210	2006-01-01 12:00AM	Family	1957-02-07 12:00AM	Male	33067
PENS	210	2003-03-01 12:00AM	Employee Only/Single	1944-05-26 12:00AM	Female	36535
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1953-01-30 12:00AM	Male	33311-2535
ACTV	210	2006-01-01 12:00AM	Family	1955-02-13 12:00AM	Female	33324
ACTV	210	2006-03-01 12:00AM	Employee Only/Single	1952-10-22 12:00AM	Female	33304
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1970-05-16 12:00AM	Male	33305
ACTV	210	2006-09-23 12:00AM	Family	1969-07-23 12:00AM	Female	33328
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1960-08-19 12:00AM	Male	33076
ACTV	210	2006-01-01 12:00AM	Employee & Spouse	1956-07-13 12:00AM	Female	33065
ACTV	210	2006-01-01 12:00AM	Family	1953-10-26 12:00AM	Female	33004
ACTV	210	2006-01-01 12:00AM	Employee & Spouse	1950-04-22 12:00AM	Female	33304
ACTV	210	2006-01-01 12:00AM	Employee & Spouse	1967-03-10 12:00AM	Male	33334
ACTV	210	2006-04-01 12:00AM	Employee Only/Single	1974-08-01 12:00AM	Female	33141
ACTV	210	2006-01-01 12:00AM	Family	1971-11-08 12:00AM	Male	33467
ACTV	210	2006-10-01 12:00AM	Employee Only/Single	1953-08-23 12:00AM	Male	33311
PENS	210	2001-01-01 12:00AM	Employee Only/Single	1934-12-10 12:00AM	Male	33304
ACTV	210	2006-01-01 12:00AM	Family	1953-04-02 12:00AM	Female	33317
PENS	210	2001-01-01 12:00AM	Employee Only/Single	1936-03-16 12:00AM	Male	33325
ACTV	210	2006-01-01 12:00AM	Employee & Spouse	1965-06-16 12:00AM	Male	33304
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1937-07-01 12:00AM	Female	33319
ACTV	210	2006-05-01 12:00AM	Employee Only/Single	1956-04-03 12:00AM	Male	33063
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1954-12-03 12:00AM	Female	33309
PENS	210	2003-11-01 12:00AM	Employee Only/Single	1942-10-18 12:00AM	Female	33317
ACTV	210	2006-10-01 12:00AM	Family	1961-06-01 12:00AM	Male	33185
ACTV	210	2006-01-01 12:00AM	Family	1957-03-08 12:00AM	Male	33065
PENS	210	2004-03-01 12:00AM	Employee Only/Single	1946-05-18 12:00AM	Female	33309
PENS	210	2005-04-01 12:00AM	Family	1946-12-01 12:00AM	Male	33314
ACTV	210	2006-01-01 12:00AM	Family	1965-06-09 12:00AM	Male	33027
ACTV	210	2006-01-01 12:00AM	Employee & Children	1952-05-03 12:00AM	Male	33321
ACTV	210	2006-01-01 12:00AM	Family	1970-11-17 12:00AM	Female	33463
PENS	210	2004-08-01 12:00AM	Employee Only/Single	1949-07-12 12:00AM	Male	33069
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1971-03-05 12:00AM	Male	33328
ACTV	210	2006-01-01 12:00AM	Family	1948-07-16 12:00AM	Male	33334
PENS	210	2005-05-01 12:00AM	Employee & Children	1944-12-31 12:00AM	Male	33311
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1967-07-27 12:00AM	Female	33024
PENS	210	2002-12-01 12:00AM	Employee Only/Single	1950-05-07 12:00AM	Female	33316
PENS	210	2001-01-01 12:00AM	Employee Only/Single	1923-10-24 12:00AM	Male	32127
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1951-08-20 12:00AM	Female	33317
ACTV	210	2006-01-01 12:00AM	Employee & Spouse	1948-11-10 12:00AM	Female	33334
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1949-07-08 12:00AM	Female	33063
ACTV	210	2006-01-01 12:00AM	Family	1965-02-08 12:00AM	Female	33068
ACTV	210	2006-01-01 12:00AM	Family	1971-05-14 12:00AM	Male	33323
ACTV	210	2006-01-01 12:00AM	Family	1963-11-10 12:00AM	Male	33015
ACTV	210	2006-09-01 12:00AM	Employee & Children	1961-02-22 12:00AM	Female	33317
ACTV	210	2006-10-01 12:00AM	Employee Only/Single	1951-04-25 12:00AM	Male	33060
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1965-05-11 12:00AM	Female	33351
ACTV	210	2006-08-01 12:00AM	Employee & Spouse	1955-10-31 12:00AM	Female	33317
ACTV	210	2006-01-01 12:00AM	Family	1963-06-16 12:00AM	Male	33328
ACTV	210	2006-01-01 12:00AM	Employee & Children	1953-09-06 12:00AM	Female	33319
PENS	210	2005-05-01 12:00AM	Employee & Spouse	1946-06-30 12:00AM	Male	33063
PENS	210	2001-01-01 12:00AM	Employee & Spouse	1941-03-25 12:00AM	Male	32141
ACTV	210	2006-09-01 12:00AM	Family	1953-02-05 12:00AM	Female	33301

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PENS	210	2001-01-01 12:00AM	Employee Only/Single	1934-09-29 12:00AM	Male	34983
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1951-10-14 12:00AM	Female	33334
PENS	210	2006-08-01 12:00AM	Employee Only/Single	1951-06-25 12:00AM	Female	33315
ACTV	210	2006-01-01 12:00AM	Employee & Spouse	1979-06-02 12:00AM	Female	33324
ACTV	210	2006-01-01 12:00AM	Family	1962-03-27 12:00AM	Female	33137
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1954-05-27 12:00AM	Female	33069
ACTV	210	2006-05-01 12:00AM	Employee Only/Single	1979-11-29 12:00AM	Female	33312
PENS	210	2004-02-01 12:00AM	Employee Only/Single	1943-11-19 12:00AM	Male	98221
ACTV	210	2006-01-01 12:00AM	Family	1950-08-10 12:00AM	Female	33026
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1958-01-16 12:00AM	Male	33068
ACTV	210	2006-10-01 12:00AM	Family	1966-09-27 12:00AM	Male	33324
ACTV	210	2006-01-01 12:00AM	Family	1962-05-11 12:00AM	Female	33315
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1963-06-11 12:00AM	Male	33315
PENS	210	2001-01-01 12:00AM	Employee Only/Single	1945-03-08 12:00AM	Male	33313-6018
ACTV	210	2006-01-01 12:00AM	Family	1955-12-15 12:00AM	Male	33326
PENS	210	2005-02-01 12:00AM	Employee & Spouse	1947-07-30 12:00AM	Male	33309
ACTV	210	2006-01-01 12:00AM	Employee & Spouse	1957-12-29 12:00AM	Male	33326
ACTV	210	2006-01-01 12:00AM	Family	1960-08-19 12:00AM	Male	33305
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1953-12-10 12:00AM	Female	33021
ACTV	210	2006-01-01 12:00AM	Employee & Spouse	1950-05-24 12:00AM	Male	33315
ACTV	210	2006-01-01 12:00AM	Employee & Children	1962-10-17 12:00AM	Female	33311
ACTV	210	2006-01-01 12:00AM	Family	1972-04-14 12:00AM	Female	33025
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1973-12-28 12:00AM	Female	33078
ACTV	210	2006-01-01 12:00AM	Family	1957-09-24 12:00AM	Female	33305
PENS	210	2006-05-01 12:00AM	Employee Only/Single	1948-02-21 12:00AM	Male	33060
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1971-09-06 12:00AM	Female	33441
ACTV	210	2006-01-01 12:00AM	Family	1962-12-04 12:00AM	Male	33319
ACTV	210	2006-02-11 12:00AM	Employee Only/Single	1970-01-09 12:00AM	Male	33304
PENS	210	2005-05-01 12:00AM	Employee & Spouse	1934-10-01 12:00AM	Male	33624
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1951-04-06 12:00AM	Female	33312
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1961-09-12 12:00AM	Female	33312
ACTV	210	2006-07-29 12:00AM	Family	1953-10-14 12:00AM	Male	33317
PENS	210	2001-01-01 12:00AM	Employee Only/Single	1938-09-07 12:00AM	Female	92054
PENS	210	2005-05-01 12:00AM	Employee Only/Single	1952-03-30 12:00AM	Male	34491
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1940-08-07 12:00AM	Male	33312
PENS	210	2001-01-01 12:00AM	Employee Only/Single	1929-02-17 12:00AM	Male	39475
PENS	210	2005-02-01 12:00AM	Employee & Spouse	1941-03-09 12:00AM	Female	33328
PENS	210	2005-02-01 12:00AM	Employee Only/Single	1949-10-10 12:00AM	Female	32771
ACTV	210	2006-01-01 12:00AM	Family	1953-02-19 12:00AM	Male	33071
ACTV	210	2003-04-01 12:00AM	Employee Only/Single	1939-05-23 12:00AM	Female	33304
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1953-10-19 12:00AM	Male	33334
ACTV	210	2006-01-01 12:00AM	Family	1957-09-04 12:00AM	Male	33321
PENS	210	2003-11-01 12:00AM	Employee Only/Single	1947-02-05 12:00AM	Male	33312
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1949-10-15 12:00AM	Female	33309
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1942-12-24 12:00AM	Female	33069
ACTV	210	2006-01-01 12:00AM	Family	1967-09-15 12:00AM	Female	33321
ACTV	210	2006-01-01 12:00AM	Family	1961-02-11 12:00AM	Male	33067
ACTV	210	2006-01-01 12:00AM	Family	1967-05-04 12:00AM	Female	33063
PENS	210	2001-01-01 12:00AM	Employee & Spouse	1929-11-22 12:00AM	Male	33313
PENS	210	2001-11-11 12:00AM	Employee & Spouse	1934-08-02 12:00AM	Male	34972
PENS	210	2001-01-01 12:00AM	Employee & Spouse	1932-07-17 12:00AM	Male	32696
PENS	210	2003-04-01 12:00AM	Employee Only/Single	1942-04-30 12:00AM	Female	33312-4255
ACTV	210	2006-01-01 12:00AM	Employee & Children	1961-03-27 12:00AM	Female	33027
ACTV	210	2006-01-01 12:00AM	Employee & Spouse	1953-02-19 12:00AM	Male	33312
PENS	210	2005-02-01 12:00AM	Employee & Spouse	1947-01-25 12:00AM	Male	33068
ACTV	210	2006-06-01 12:00AM	Employee Only/Single	1952-03-13 12:00AM	Female	33304
ACTV	210	2006-06-01 12:00AM	Employee Only/Single	1968-10-06 12:00AM	Female	33315
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1965-07-23 12:00AM	Male	33334
PENS	210	2001-01-01 12:00AM	Employee Only/Single	1937-09-02 12:00AM	Male	33317

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ACTV	210	2006-01-01 12:00AM	Employee & Spouse	1951-02-09 12:00AM	Female	33026
PENS	210	2001-01-01 12:00AM	Employee & Spouse	1932-12-22 12:00AM	Male	33809
ACTV	210	2006-01-01 12:00AM	Family	1967-12-27 12:00AM	Female	33334
ACTV	210	2006-10-01 12:00AM	Employee Only/Single	1966-08-17 12:00AM	Female	33312
ACTV	210	2006-05-01 12:00AM	Employee Only/Single	1959-09-14 12:00AM	Male	33334
ACTV	210	2006-01-01 12:00AM	Employee & Children	1953-08-03 12:00AM	Male	33317
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1966-10-25 12:00AM	Female	33317
ACTV	210	2006-01-01 12:00AM	Family	1965-01-12 12:00AM	Male	33326
ACTV	210	2002-10-14 12:00AM	Family	1960-04-01 12:00AM	Female	33179
PENS	210	2003-11-01 12:00AM	Employee Only/Single	1946-08-15 12:00AM	Male	33311
ACTV	210	2006-01-01 12:00AM	Family	1957-12-14 12:00AM	Female	33029
ACTV	210	2006-01-01 12:00AM	Family	1959-04-02 12:00AM	Female	33301
ACTV	210	2006-01-01 12:00AM	Employee & Children	1975-01-20 12:00AM	Female	33169
PENS	210	2001-01-01 12:00AM	Employee & Spouse	1941-01-06 12:00AM	Male	3816
ACTV	210	2006-01-01 12:00AM	Employee & Spouse	1979-12-16 12:00AM	Female	33180
ACTV	210	2006-01-01 12:00AM	Employee & Children	1959-11-17 12:00AM	Female	33023
ACTV	210	2006-01-01 12:00AM	Employee Only/Single	1972-05-12 12:00AM	Male	33401
PENS	210	2001-01-01 12:00AM	Employee Only/Single	1931-12-13 12:00AM	Male	33060
PENS	210	2001-01-01 12:00AM	Employee Only/Single	1938-08-01 12:00AM	Male	33068
PENS	235	2003-05-01 12:00AM	Employee Only/Single	1941-11-23 12:00AM	Female	33063
ACTV	235	2006-01-01 12:00AM	Employee & Children	1962-07-26 12:00AM	Female	33028
ACTV	235	2006-01-01 12:00AM	Family	1963-04-08 12:00AM	Female	33325
PENS	235	2005-06-01 12:00AM	Employee Only/Single	1949-01-14 12:00AM	Male	33912
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1951-06-09 12:00AM	Female	33309
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1979-01-04 12:00AM	Male	33054
ACTV	235	2006-01-01 12:00AM	Family	1962-10-18 12:00AM	Male	33021
ACTV	235	2006-02-25 12:00AM	Family	1953-11-21 12:00AM	Male	33315
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1946-05-18 12:00AM	Male	33064
ACTV	235	2006-01-01 12:00AM	Family	1966-09-07 12:00AM	Male	33309
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1964-01-25 12:00AM	Male	33315
ACTV	235	2006-09-23 12:00AM	Employee Only/Single	1958-03-11 12:00AM	Female	33023
ACTV	235	2006-01-01 12:00AM	Employee & Children	1962-02-26 12:00AM	Male	33064
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1970-11-24 12:00AM	Male	33313
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1953-02-16 12:00AM	Male	33348
ACTV	235	2006-07-01 12:00AM	Employee Only/Single	1941-01-30 12:00AM	Female	33004
ACTV	235	2006-01-01 12:00AM	Family	1956-06-29 12:00AM	Male	33312
PENS	235	2005-05-01 12:00AM	Employee & Children	1949-03-08 12:00AM	Male	32348
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1979-08-23 12:00AM	Female	33324
ACTV	235	2006-01-01 12:00AM	Employee & Children	1958-10-26 12:00AM	Male	33312
ACTV	235	2006-02-01 12:00AM	Employee Only/Single	1972-09-30 12:00AM	Female	33313
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1950-09-15 12:00AM	Male	33312
PENS	235	2003-03-01 12:00AM	Employee & Spouse	1951-07-19 12:00AM	Female	30127
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1941-12-10 12:00AM	Female	33304
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1975-01-21 12:00AM	Female	33069
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1944-06-29 12:00AM	Female	33313
PENS	235	2003-03-01 12:00AM	Employee Only/Single	1942-10-18 12:00AM	Male	33311
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1952-03-23 12:00AM	Male	33316
PENS	235	2003-03-01 12:00AM	Employee Only/Single	1952-12-27 12:00AM	Male	33314
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1975-04-14 12:00AM	Male	33311
ACTV	235	2006-01-01 12:00AM	Family	1975-07-17 12:00AM	Male	33319
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1943-04-18 12:00AM	Male	33317
ACTV	235	2006-01-01 12:00AM	Family	1967-10-06 12:00AM	Male	33311
ACTV	235	2006-01-01 12:00AM	Employee & Children	1976-09-04 12:00AM	Male	33311
ACTV	235	2006-01-01 12:00AM	Employee & Children	1974-05-11 12:00AM	Female	33023
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1969-08-23 12:00AM	Male	33004
ACTV	235	2006-01-01 12:00AM	Employee & Spouse	1955-02-11 12:00AM	Female	33313
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1966-09-02 12:00AM	Male	33068
ACTV	235	2006-04-02 12:00AM	Employee Only/Single	1975-08-17 12:00AM	Male	33024
ACTV	235	2006-01-01 12:00AM	Family	1972-05-04 12:00AM	Female	33307

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ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1973-09-05 12:00AM	Male	33312
PENS	235	2003-03-01 12:00AM	Employee & Spouse	1945-01-22 12:00AM	Male	33317
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1974-09-09 12:00AM	Male	33311
ACTV	235	2006-01-01 12:00AM	Family	1957-02-05 12:00AM	Female	33311
ACTV	235	2006-01-01 12:00AM	Employee & Spouse	1944-03-18 12:00AM	Male	33064
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1982-09-30 12:00AM	Male	33064
ACTV	235	2006-01-01 12:00AM	Employee & Spouse	1958-03-17 12:00AM	Female	33179
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1968-05-30 12:00AM	Male	33313
ACTV	235	2006-01-01 12:00AM	Employee & Children	1972-10-27 12:00AM	Female	33068
ACTV	235	2006-08-13 12:00AM	Employee Only/Single	1954-08-09 12:00AM	Male	33066
ACTV	235	2006-01-01 12:00AM	Family	1959-12-17 12:00AM	Male	33322
ACTV	235	2006-01-01 12:00AM	Employee & Spouse	1962-06-06 12:00AM	Female	33442
PENS	235	2004-05-01 12:00AM	Employee Only/Single	1941-08-06 12:00AM	Female	33324
ACTV	235	2006-01-01 12:00AM	Employee & Children	1973-07-23 12:00AM	Male	33311
ACTV	235	2006-01-01 12:00AM	Employee & Spouse	1958-05-24 12:00AM	Male	33311
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1958-09-28 12:00AM	Male	33308
ACTV	235	2006-01-01 12:00AM	Family	1960-11-21 12:00AM	Male	33021
ACTV	235	2006-01-01 12:00AM	Family	1954-12-07 12:00AM	Male	33313
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1943-12-26 12:00AM	Male	33426
ACTV	235	2006-01-01 12:00AM	Employee & Children	1954-02-20 12:00AM	Female	33063
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1968-08-14 12:00AM	Female	33004
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1970-03-04 12:00AM	Female	33077
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1954-02-22 12:00AM	Female	33311
ACTV	235	2006-01-01 12:00AM	Employee & Children	1961-06-06 12:00AM	Male	33311
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1957-03-05 12:00AM	Female	33064
ACTV	235	2006-01-01 12:00AM	Employee & Children	1969-12-16 12:00AM	Female	33312
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1957-07-07 12:00AM	Female	33313
ACTV	235	2006-01-02 12:00AM	Employee & Spouse	1954-08-11 12:00AM	Female	33063
ACTV	235	2006-01-01 12:00AM	Employee & Spouse	1958-10-14 12:00AM	Male	33009
ACTV	235	2006-01-01 12:00AM	Family	1961-10-05 12:00AM	Male	33311
ACTV	235	2006-07-01 12:00AM	Employee & Spouse	1963-07-15 12:00AM	Male	33064
ACTV	235	2006-10-01 12:00AM	Employee Only/Single	1979-04-12 12:00AM	Female	33317
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1954-11-18 12:00AM	Female	33314
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1951-03-18 12:00AM	Male	33319
PENS	235	2003-03-01 12:00AM	Employee Only/Single	1939-11-03 12:00AM	Female	33321
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1961-08-27 12:00AM	Male	33313
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1982-08-05 12:00AM	Male	33311
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1946-08-07 12:00AM	Male	33020
PENS	235	2003-07-01 12:00AM	Employee & Spouse	1938-04-19 12:00AM	Male	33068
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1960-07-06 12:00AM	Male	33068
ACTV	235	2006-03-01 12:00AM	Family	1957-03-04 12:00AM	Male	33314
ACTV	235	2006-01-14 12:00AM	Employee & Children	1961-09-28 12:00AM	Male	33351
ACTV	235	2006-01-28 12:00AM	Family	1966-03-03 12:00AM	Male	33311
ACTV	235	2006-01-01 12:00AM	Employee & Spouse	1956-07-14 12:00AM	Male	33009
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1980-08-04 12:00AM	Female	33334
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1952-11-28 12:00AM	Female	33334
ACTV	235	2006-06-01 12:00AM	Employee Only/Single	1978-10-25 12:00AM	Female	33313
ACTV	235	2006-01-01 12:00AM	Family	1960-02-13 12:00AM	Male	33311-4243
ACTV	235	2006-01-01 12:00AM	Family	1956-11-28 12:00AM	Male	33063
ACTV	235	2006-01-01 12:00AM	Employee & Spouse	1970-11-27 12:00AM	Male	33064
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1973-04-27 12:00AM	Female	33025
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1941-07-02 12:00AM	Female	33334
ACTV	235	2006-01-01 12:00AM	Family	1963-07-10 12:00AM	Male	33325
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1955-12-27 12:00AM	Male	33301
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1956-01-26 12:00AM	Male	33351
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1942-03-20 12:00AM	Female	33023
ACTV	235	2006-09-23 12:00AM	Employee & Spouse	1941-01-13 12:00AM	Male	33311
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1966-05-26 12:00AM	Male	33064
PENS	235	2003-03-01 12:00AM	Employee Only/Single	1931-06-05 12:00AM	Female	34957

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ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1949-02-25 12:00AM	Male	33309
ACTV	235	2006-01-01 12:00AM	Family	1959-04-17 12:00AM	Male	33068
ACTV	235	2006-01-01 12:00AM	Employee & Spouse	1965-01-14 12:00AM	Male	33305
ACTV	235	2006-01-01 12:00AM	Family	1958-03-17 12:00AM	Male	33029
PENS	235	2003-08-01 12:00AM	Employee & Spouse	1946-02-18 12:00AM	Male	33441
ACTV	235	2006-08-01 12:00AM	Employee Only/Single	1977-03-13 12:00AM	Female	33312
ACTV	235	2006-08-01 12:00AM	Employee Only/Single	1952-03-16 12:00AM	Female	33326
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1950-04-20 12:00AM	Male	33312
ACTV	235	2006-01-01 12:00AM	Employee & Spouse	1943-06-02 12:00AM	Female	33024
ACTV	235	2006-01-01 12:00AM	Employee & Children	1970-10-14 12:00AM	Male	33324
ACTV	235	2006-01-01 12:00AM	Family	1952-11-01 12:00AM	Male	33317
PENS	235	2003-03-01 12:00AM	Employee Only/Single	1931-01-25 12:00AM	Male	33311
ACTV	235	2006-08-01 12:00AM	Employee Only/Single	1983-02-21 12:00AM	Female	33068
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1947-12-25 12:00AM	Male	33065
ACTV	235	2006-04-01 12:00AM	Employee Only/Single	1964-11-11 12:00AM	Female	33317
PENS	235	2005-05-01 12:00AM	Employee Only/Single	1947-01-16 12:00AM	Male	33063
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1953-03-23 12:00AM	Male	33315
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1954-11-28 12:00AM	Male	33304
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1965-08-06 12:00AM	Male	33311
ACTV	235	2006-01-01 12:00AM	Employee & Children	1963-04-27 12:00AM	Female	33313
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1951-04-26 12:00AM	Male	33317
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1966-01-16 12:00AM	Female	33021
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1962-09-27 12:00AM	Female	33311
PENS	235	2004-11-01 12:00AM	Employee & Children	1951-06-16 12:00AM	Male	33315
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1972-09-19 12:00AM	Male	33056
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1955-10-29 12:00AM	Male	33311
PENS	235	2003-09-02 12:00AM	Employee Only/Single	1943-02-02 12:00AM	Male	30906
PENS	235	2005-12-01 12:00AM	Employee Only/Single	1949-06-04 12:00AM	Female	33023
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1962-02-05 12:00AM	Male	33309
PENS	235	2006-06-01 12:00AM	Employee Only/Single	1953-09-27 12:00AM	Female	33317
ACTV	235	2006-07-02 12:00AM	Employee Only/Single	1978-12-17 12:00AM	Female	33311
ACTV	235	2006-01-01 12:00AM	Employee & Spouse	1957-10-24 12:00AM	Female	33027
ACTV	235	2006-01-01 12:00AM	Family	1963-03-04 12:00AM	Female	33319
PENS	235	2005-01-01 12:00AM	Employee Only/Single	1943-04-20 12:00AM	Male	33071
ACTV	235	2006-08-01 12:00AM	Employee & Children	1959-12-07 12:00AM	Male	33302
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1986-04-10 12:00AM	Male	33351
ACTV	235	2006-01-01 12:00AM	Employee & Spouse	1940-11-26 12:00AM	Male	33311
ACTV	235	2006-07-29 12:00AM	Employee Only/Single	1953-10-05 12:00AM	Female	33301
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1953-10-23 12:00AM	Male	33009
ACTV	235	2006-01-01 12:00AM	Family	1959-06-04 12:00AM	Female	33325
ACTV	235	2006-01-01 12:00AM	Family	1963-11-19 12:00AM	Male	33190
ACTV	235	2006-10-01 12:00AM	Employee & Spouse	1962-04-25 12:00AM	Male	33308
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1967-04-11 12:00AM	Female	33315
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1971-12-05 12:00AM	Male	33062
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1974-12-16 12:00AM	Female	33321
PENS	235	2003-03-01 12:00AM	Employee Only/Single	1948-06-20 12:00AM	Male	33311
PENS	235	2006-05-01 12:00AM	Employee & Spouse	1948-02-02 12:00AM	Male	33026
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1957-12-21 12:00AM	Female	33334
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1982-05-07 12:00AM	Female	33309
ACTV	235	2006-01-01 12:00AM	Family	1969-08-02 12:00AM	Male	33351
ACTV	235	2006-01-01 12:00AM	Employee & Children	1976-09-09 12:00AM	Female	33311
ACTV	235	2006-01-01 12:00AM	Employee & Children	1971-06-02 12:00AM	Male	33311
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1968-08-16 12:00AM	Male	33313
ACTV	235	2006-08-01 12:00AM	Employee & Spouse	1979-09-23 12:00AM	Male	33313
ACTV	235	2006-01-02 12:00AM	Employee Only/Single	1983-10-07 12:00AM	Male	33334
PENS	235	2006-02-01 12:00AM	Employee Only/Single	1937-03-03 12:00AM	Male	32110
ACTV	235	2006-01-01 12:00AM	Family	1963-10-12 12:00AM	Male	33309
ACTV	235	2006-01-01 12:00AM	Family	1953-10-10 12:00AM	Female	33068
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1949-09-08 12:00AM	Male	33309

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ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1958-08-16 12:00AM	Male	33073
PENS	235	2003-03-01 12:00AM	Employee Only/Single	1932-11-26 12:00AM	Male	33308-3504
PENS	235	2005-05-01 12:00AM	Family	1946-02-01 12:00AM	Male	33334
ACTV	235	2006-01-01 12:00AM	Employee & Spouse	1963-10-28 12:00AM	Female	33306
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1970-03-12 12:00AM	Male	33322
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1948-12-03 12:00AM	Male	33311
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1956-11-08 12:00AM	Male	33311
ACTV	235	2006-01-01 12:00AM	Family	1965-01-03 12:00AM	Male	33023
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1972-06-21 12:00AM	Male	33312
ACTV	235	2006-01-01 12:00AM	Employee & Spouse	1976-06-17 12:00AM	Male	33180
ACTV	235	2006-08-01 12:00AM	Family	1965-01-20 12:00AM	Male	33314
PENS	235	2003-03-01 12:00AM	Employee & Spouse	1945-06-24 12:00AM	Male	33311
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1952-04-24 12:00AM	Male	33335
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1948-03-19 12:00AM	Female	33482
ACTV	235	2006-01-01 12:00AM	Family	1953-01-20 12:00AM	Female	33074
ACTV	235	2006-02-01 12:00AM	Employee & Spouse	1954-07-03 12:00AM	Male	33311
PENS	235	2006-04-01 12:00AM	Employee Only/Single	1942-03-18 12:00AM	Male	33311
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1941-03-23 12:00AM	Female	33160
ACTV	235	2006-01-01 12:00AM	Family	1965-06-08 12:00AM	Male	33312
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1959-03-21 12:00AM	Male	33325
PENS	235	2003-03-01 12:00AM	Employee Only/Single	1937-09-19 12:00AM	Male	32350
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1969-04-14 12:00AM	Male	33311
ACTV	235	2006-01-01 12:00AM	Family	1967-11-28 12:00AM	Male	33323
ACTV	235	2006-01-01 12:00AM	Employee & Children	1968-02-29 12:00AM	Female	33315
ACTV	235	2006-07-29 12:00AM	Employee & Spouse	1959-03-05 12:00AM	Male	33314
ACTV	235	2006-01-01 12:00AM	Employee & Spouse	1954-06-26 12:00AM	Female	33021
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1951-10-08 12:00AM	Female	33308
ACTV	235	2006-08-01 12:00AM	Employee Only/Single	1983-09-13 12:00AM	Male	33068
PENS	235	2003-07-01 12:00AM	Employee Only/Single	1947-09-05 12:00AM	Male	33060
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1971-10-12 12:00AM	Male	33308
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1944-10-26 12:00AM	Female	33321-3038
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1971-11-01 12:00AM	Male	33023
ACTV	235	2006-01-01 12:00AM	Employee & Spouse	1984-06-18 12:00AM	Female	33025
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1970-12-29 12:00AM	Female	33315
PENS	235	2005-02-01 12:00AM	Employee Only/Single	1932-09-30 12:00AM	Male	33062
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1939-05-10 12:00AM	Female	33065
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1952-02-29 12:00AM	Female	33432
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1966-01-31 12:00AM	Male	33312
ACTV	235	2006-01-01 12:00AM	Employee & Children	1963-11-19 12:00AM	Male	33309
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1970-04-16 12:00AM	Female	33024
ACTV	235	2006-09-23 12:00AM	Employee Only/Single	1977-06-16 12:00AM	Male	33315
ACTV	235	2006-01-01 12:00AM	Family	1961-09-14 12:00AM	Male	33311
ACTV	235	2006-01-01 12:00AM	Family	1957-02-19 12:00AM	Female	33308
PENS	235	2003-03-01 12:00AM	Employee Only/Single	1937-06-04 12:00AM	Female	33312
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1981-01-23 12:00AM	Male	33315
ACTV	235	2006-01-01 12:00AM	Family	1967-12-02 12:00AM	Male	33060
ACTV	235	2006-01-01 12:00AM	Employee & Spouse	1955-04-28 12:00AM	Female	33068
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1964-06-16 12:00AM	Male	33311
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1962-10-19 12:00AM	Male	33027
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1945-04-09 12:00AM	Female	33324
ACTV	235	2006-01-01 12:00AM	Employee & Spouse	1960-03-11 12:00AM	Male	33021
ACTV	235	2006-01-01 12:00AM	Employee & Spouse	1981-06-15 12:00AM	Male	33334
PENS	235	2003-03-01 12:00AM	Employee Only/Single	1937-04-16 12:00AM	Female	33311
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1949-04-18 12:00AM	Male	33309
ACTV	235	2006-08-01 12:00AM	Employee Only/Single	1978-09-25 12:00AM	Male	33304
PENS	235	2006-05-01 12:00AM	Employee Only/Single	1948-03-27 12:00AM	Male	33324
ACTV	235	2006-01-01 12:00AM	Employee & Spouse	1947-10-04 12:00AM	Male	33062
ACTV	235	2006-01-01 12:00AM	Family	1971-05-24 12:00AM	Male	33334
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1952-10-15 12:00AM	Female	33311-5957

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ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1959-07-11 12:00AM	Male	33068
ACTV	235	2006-01-01 12:00AM	Family	1958-09-21 12:00AM	Male	33311
ACTV	235	2006-01-01 12:00AM	Family	1963-06-26 12:00AM	Male	33071
ACTV	235	2006-01-01 12:00AM	Family	1953-05-14 12:00AM	Male	33076
ACTV	235	2006-01-02 12:00AM	Family	1979-11-20 12:00AM	Male	33328
ACTV	235	2006-07-01 12:00AM	Family	1965-02-24 12:00AM	Male	33313
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1964-10-14 12:00AM	Male	33306
ACTV	235	2006-01-01 12:00AM	Family	1962-02-05 12:00AM	Female	33323
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1949-05-26 12:00AM	Female	33009
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1953-12-09 12:00AM	Female	33331
PENS	235	2005-09-01 12:00AM	Employee Only/Single	1950-03-16 12:00AM	Female	33325
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1979-04-01 12:00AM	Male	33321
ACTV	235	2006-01-01 12:00AM	Employee & Children	1964-05-04 12:00AM	Female	33317
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1949-04-02 12:00AM	Female	33304
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1961-07-10 12:00AM	Male	33069
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1955-03-02 12:00AM	Female	33308
ACTV	235	2006-01-01 12:00AM	Employee & Spouse	1952-11-03 12:00AM	Female	33311
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1975-09-15 12:00AM	Male	33311
ACTV	235	2006-01-01 12:00AM	Employee & Children	1963-06-22 12:00AM	Male	33311
ACTV	235	2006-05-01 12:00AM	Employee & Spouse	1978-03-26 12:00AM	Male	33076
ACTV	235	2006-01-01 12:00AM	Family	1970-10-06 12:00AM	Male	33179
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1962-09-18 12:00AM	Male	33311
ACTV	235	2006-01-01 12:00AM	Employee & Spouse	1956-10-31 12:00AM	Male	33314
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1955-11-11 12:00AM	Male	33063
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1949-05-21 12:00AM	Male	33334
PENS	235	2005-02-01 12:00AM	Employee Only/Single	1956-10-10 12:00AM	Female	33309
ACTV	235	2006-02-01 12:00AM	Employee Only/Single	1968-09-25 12:00AM	Female	33312
ACTV	235	2006-01-01 12:00AM	Family	1962-12-30 12:00AM	Male	33323
ACTV	235	2006-08-12 12:00AM	Employee & Children	1966-05-15 12:00AM	Male	33309
PENS	235	2003-03-01 12:00AM	Employee Only/Single	1940-12-30 12:00AM	Male	33311
ACTV	235	2006-04-02 12:00AM	Employee Only/Single	1976-01-29 12:00AM	Male	33319
ACTV	235	2006-01-01 12:00AM	Family	1966-09-26 12:00AM	Male	33311
ACTV	235	2006-01-01 12:00AM	Employee & Spouse	1951-06-03 12:00AM	Male	33498
ACTV	235	2006-02-25 12:00AM	Employee & Spouse	1948-08-03 12:00AM	Male	33415
PENS	235	2004-11-01 12:00AM	Employee Only/Single	1938-08-31 12:00AM	Male	33063
ACTV	235	2006-01-01 12:00AM	Family	1954-01-28 12:00AM	Male	33309
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1951-12-09 12:00AM	Male	33025
ACTV	235	2006-01-01 12:00AM	Employee & Children	1961-10-26 12:00AM	Male	33460
ACTV	235	2006-09-23 12:00AM	Employee Only/Single	1985-05-30 12:00AM	Male	33311
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1957-09-01 12:00AM	Female	33063
ACTV	235	2006-01-01 12:00AM	Family	1961-07-03 12:00AM	Male	33308
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1978-10-23 12:00AM	Female	33308
ACTV	235	2006-01-01 12:00AM	Family	1951-12-13 12:00AM	Male	33351
ACTV	235	2006-01-01 12:00AM	Family	1946-07-05 12:00AM	Male	33317
ACTV	235	2006-01-01 12:00AM	Family	1960-08-17 12:00AM	Male	33009
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1978-12-05 12:00AM	Female	33334
ACTV	235	2006-05-01 12:00AM	Employee Only/Single	1958-09-25 12:00AM	Male	33312
ACTV	235	2006-01-01 12:00AM	Employee & Spouse	1955-03-30 12:00AM	Male	33315
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1959-10-30 12:00AM	Female	33069
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1950-01-09 12:00AM	Female	33312
ACTV	235	2006-01-01 12:00AM	Family	1962-03-12 12:00AM	Male	33441
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1969-12-15 12:00AM	Male	33023
PENS	235	2003-03-01 12:00AM	Employee Only/Single	1938-01-01 12:00AM	Female	33063
ACTV	235	2006-01-01 12:00AM	Family	1944-05-12 12:00AM	Male	33308
ACTV	235	2006-01-01 12:00AM	Family	1971-12-11 12:00AM	Male	33024
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1982-04-14 12:00AM	Male	33311
ACTV	235	2006-02-25 12:00AM	Employee Only/Single	1978-11-10 12:00AM	Male	33311
PENS	235	2005-02-01 12:00AM	Employee & Spouse	1944-08-08 12:00AM	Male	33311
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1948-07-19 12:00AM	Male	33169

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ACTV	235	2006-01-01 12:00AM	Family	1960-09-14 12:00AM	Male	33315
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1959-10-22 12:00AM	Female	33309
PENS	235	2006-08-01 12:00AM	Employee & Spouse	1948-02-04 12:00AM	Male	33029
ACTV	235	2006-01-01 12:00AM	Family	1956-08-13 12:00AM	Male	33323
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1978-09-15 12:00AM	Male	33312
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1958-10-20 12:00AM	Male	33308
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1956-04-29 12:00AM	Male	33314
ACTV	235	2006-01-01 12:00AM	Employee & Spouse	1944-10-01 12:00AM	Male	33309-1330
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1964-10-27 12:00AM	Female	33060
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1971-05-13 12:00AM	Male	33312
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1953-12-28 12:00AM	Female	33063
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1959-11-22 12:00AM	Female	33024
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1954-07-02 12:00AM	Female	33305
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1952-10-01 12:00AM	Female	33322
PENS	235	2005-04-01 12:00AM	Employee Only/Single	1948-02-05 12:00AM	Female	33317
ACTV	235	2006-01-01 12:00AM	Employee & Spouse	1941-08-21 12:00AM	Male	33325
PENS	235	2003-03-01 12:00AM	Employee Only/Single	1946-04-08 12:00AM	Male	32907
ACTV	235	2006-01-01 12:00AM	Family	1968-03-13 12:00AM	Female	33023
ACTV	235	2006-03-01 12:00AM	Family	1964-09-30 12:00AM	Male	33063
ACTV	235	2006-01-01 12:00AM	Family	1964-05-26 12:00AM	Male	33317
ACTV	235	2006-01-01 12:00AM	Family	1959-01-13 12:00AM	Male	33021
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1975-05-08 12:00AM	Male	33328
ACTV	235	2006-01-01 12:00AM	Employee & Children	1951-11-04 12:00AM	Male	33311
ACTV	235	2006-08-01 12:00AM	Employee Only/Single	1954-05-09 12:00AM	Male	33069
ACTV	235	2006-01-01 12:00AM	Employee & Spouse	1943-12-12 12:00AM	Male	33319
ACTV	235	2006-01-01 12:00AM	Employee & Spouse	1945-07-06 12:00AM	Male	33068
PENS	235	2005-04-01 12:00AM	Employee & Spouse	1941-10-23 12:00AM	Female	33872
ACTV	235	2006-09-23 12:00AM	Family	1979-03-15 12:00AM	Male	33069
ACTV	235	2006-01-01 12:00AM	Employee & Children	1966-02-24 12:00AM	Male	33311
ACTV	235	2006-01-01 12:00AM	Employee & Children	1965-05-20 12:00AM	Female	33302
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1955-02-11 12:00AM	Male	33351
ACTV	235	2006-01-01 12:00AM	Family	1972-08-22 12:00AM	Male	33068
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1952-01-22 12:00AM	Male	33441
ACTV	235	2006-01-01 12:00AM	Family	1960-02-11 12:00AM	Male	33334
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1972-02-17 12:00AM	Male	33065
ACTV	235	2006-01-01 12:00AM	Employee & Children	1977-05-27 12:00AM	Male	33311
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1967-01-27 12:00AM	Male	33311
ACTV	235	2006-01-01 12:00AM	Employee & Children	1975-03-17 12:00AM	Female	33309
ACTV	235	2006-01-01 12:00AM	Employee & Children	1968-02-28 12:00AM	Male	33311
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1950-06-01 12:00AM	Female	33311
ACTV	235	2006-01-01 12:00AM	Family	1970-04-07 12:00AM	Male	33428
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1960-06-06 12:00AM	Male	33312
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1976-06-11 12:00AM	Male	33311
PENS	235	2005-11-01 12:00AM	Employee & Spouse	1938-02-06 12:00AM	Male	33313
ACTV	235	2006-01-01 12:00AM	Family	1969-01-26 12:00AM	Male	33312
ACTV	235	2006-04-01 12:00AM	Employee & Spouse	1949-03-26 12:00AM	Female	33069
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1961-10-06 12:00AM	Male	33315
ACTV	235	2006-02-01 12:00AM	Employee Only/Single	1982-11-24 12:00AM	Male	33311
ACTV	235	2006-01-01 12:00AM	Employee & Spouse	1976-10-21 12:00AM	Male	33309
ACTV	235	2006-01-01 12:00AM	Family	1967-08-26 12:00AM	Male	33311
PENS	235	2003-03-01 12:00AM	Employee Only/Single	1938-06-29 12:00AM	Male	33311
ACTV	235	2006-01-01 12:00AM	Employee Only/Single	1955-06-02 12:00AM	Male	33309
PENS	235	2003-03-01 12:00AM	Employee Only/Single	1936-03-25 12:00AM	Male	32159
ACTV	250	2006-07-01 12:00AM	Employee Only/Single	1959-01-31 12:00AM	Male	33437
ACTV	250	2006-07-01 12:00AM	Family	1962-04-06 12:00AM	Male	33324
ACTV	250	2006-07-01 12:00AM	Family	1965-12-24 12:00AM	Male	60506
ACTV	250	2006-07-01 12:00AM	Family	1956-10-15 12:00AM	Male	33330
ACTV	250	2006-07-01 12:00AM	Employee Only/Single	1949-11-20 12:00AM	Male	33060
ACTV	250	2006-07-01 12:00AM	Family	1959-09-03 12:00AM	Male	33063

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ACTV	250	2006-07-01 12:00AM	Family	1955-04-12 12:00AM	Male	33311
ACTV	250	2006-07-01 12:00AM	Employee Only/Single	1958-05-06 12:00AM	Male	33304
ACTV	250	2006-07-01 12:00AM	Employee Only/Single	1955-10-10 12:00AM	Male	33304
ACTV	250	2006-07-01 12:00AM	Employee Only/Single	1959-02-14 12:00AM	Male	33312
ACTV	250	2006-09-23 12:00AM	Employee & Spouse	1951-03-12 12:00AM	Male	33312-4646
ACTV	250	2006-07-01 12:00AM	Employee & Spouse	1949-10-15 12:00AM	Male	33351
ACTV	250	2006-07-02 12:00AM	Family	1961-07-24 12:00AM	Male	33317
ACTV	250	2006-07-01 12:00AM	Employee & Children	1970-08-12 12:00AM	Male	33325
ACTV	250	2006-08-01 12:00AM	Employee & Spouse	1949-08-05 12:00AM	Male	33065
ACTV	250	2006-07-01 12:00AM	Employee & Children	1959-01-28 12:00AM	Female	33071
ACTV	250	2006-07-01 12:00AM	Employee Only/Single	1963-05-28 12:00AM	Female	33069
ACTV	250	2006-07-01 12:00AM	Family	1958-04-18 12:00AM	Male	33442
ACTV	250	2006-07-01 12:00AM	Employee Only/Single	1951-11-13 12:00AM	Female	33325
ACTV	250	2006-07-01 12:00AM	Employee & Children	1955-08-15 12:00AM	Male	33311
ACTV	250	2006-07-01 12:00AM	Family	1957-08-02 12:00AM	Male	33311
ACTV	250	2006-07-01 12:00AM	Family	1965-03-13 12:00AM	Male	33323
ACTV	250	2006-07-01 12:00AM	Family	1963-10-16 12:00AM	Male	33317
ACTV	250	2006-07-01 12:00AM	Employee & Children	1952-06-28 12:00AM	Female	33317
ACTV	250	2006-07-29 12:00AM	Employee Only/Single	1952-01-11 12:00AM	Female	33060
ACTV	250	2006-07-01 12:00AM	Family	1963-01-21 12:00AM	Male	33321
ACTV	250	2006-07-01 12:00AM	Employee Only/Single	1956-08-09 12:00AM	Male	33304
ACTV	250	2006-07-01 12:00AM	Family	1955-09-22 12:00AM	Male	33310
ACTV	250	2006-07-01 12:00AM	Employee & Spouse	1950-12-03 12:00AM	Female	33321
ACTV	250	2006-07-29 12:00AM	Family	1952-05-28 12:00AM	Male	33433
ACTV	250	2006-07-01 12:00AM	Family	1964-12-14 12:00AM	Male	33308
ACTV	250	2006-07-01 12:00AM	Employee Only/Single	1970-10-21 12:00AM	Female	33309
ACTV	250	2006-07-01 12:00AM	Employee & Spouse	1959-05-13 12:00AM	Male	33309
ACTV	250	2006-07-01 12:00AM	Employee & Spouse	1943-11-12 12:00AM	Male	33004
ACTV	250	2006-07-01 12:00AM	Family	1964-10-13 12:00AM	Male	33437
ACTV	250	2006-07-01 12:00AM	Family	1957-03-09 12:00AM	Male	33317
ACTV	250	2006-07-01 12:00AM	Employee & Spouse	1951-08-22 12:00AM	Male	33311
ACTV	250	2006-07-01 12:00AM	Family	1951-06-07 12:00AM	Male	33321
ACTV	250	2006-07-01 12:00AM	Family	1963-09-08 12:00AM	Male	33314
ACTV	250	2006-07-01 12:00AM	Employee & Spouse	1962-04-19 12:00AM	Male	33312
ACTV	250	2006-07-01 12:00AM	Employee & Spouse	1952-10-22 12:00AM	Male	33317
ACTV	250	2006-07-01 12:00AM	Family	1952-01-11 12:00AM	Male	33063
ACTV	250	2006-07-01 12:00AM	Family	1965-09-19 12:00AM	Male	33071
ACTV	250	2006-07-01 12:00AM	Employee Only/Single	1957-06-05 12:00AM	Male	33319
ACTV	250	2006-07-01 12:00AM	Employee Only/Single	1975-07-17 12:00AM	Male	33305
ACTV	250	2006-07-01 12:00AM	Employee Only/Single	1960-02-01 12:00AM	Female	33442
ACTV	250	2006-07-01 12:00AM	Family	1967-03-26 12:00AM	Male	33312
ACTV	250	2006-07-01 12:00AM	Employee & Spouse	1958-04-24 12:00AM	Male	33312
ACTV	250	2006-07-01 12:00AM	Employee & Children	1959-11-16 12:00AM	Male	33071
ACTV	250	2006-07-01 12:00AM	Family	1958-01-02 12:00AM	Male	33324
ACTV	250	2006-07-01 12:00AM	Employee Only/Single	1960-01-19 12:00AM	Male	33308
ACTV	250	2006-07-01 12:00AM	Employee & Spouse	1954-03-27 12:00AM	Female	33321
ACTV	250	2006-07-01 12:00AM	Family	1958-05-31 12:00AM	Male	33020
PENS	250	2006-09-01 12:00AM	Employee & Spouse	1952-07-07 12:00AM	Male	33309
ACTV	250	2006-07-01 12:00AM	Family	1972-04-26 12:00AM	Male	33306
ACTV	250	2006-07-01 12:00AM	Family	1967-07-09 12:00AM	Male	33304
ACTV	250	2006-07-01 12:00AM	Family	1956-12-25 12:00AM	Male	33351
PENS	250	2006-09-01 12:00AM	Employee & Spouse	1948-08-06 12:00AM	Female	33319
ACTV	250	2006-07-01 12:00AM	Family	1955-09-27 12:00AM	Male	33319
ACTV	250	2006-07-01 12:00AM	Employee Only/Single	1958-05-22 12:00AM	Male	33069
ACTV	250	2006-07-01 12:00AM	Family	1963-09-19 12:00AM	Male	33334
ACTV	250	2006-07-01 12:00AM	Employee & Spouse	1954-08-01 12:00AM	Female	33305
ACTV	250	2006-07-01 12:00AM	Employee & Spouse	1959-03-26 12:00AM	Male	33309
ACTV	250	2006-07-01 12:00AM	Employee & Spouse	1958-04-21 12:00AM	Male	33071
ACTV	250	2006-07-01 12:00AM	Family	1968-06-16 12:00AM	Male	33315

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ACTV	250	2006-07-01 12:00AM	Employee & Spouse	1944-03-31 12:00AM	Female	33312
ACTV	250	2006-07-01 12:00AM	Family	1959-01-16 12:00AM	Male	33063
ACTV	250	2006-07-01 12:00AM	Family	1960-11-11 12:00AM	Male	33315
ACTV	250	2006-07-01 12:00AM	Employee & Spouse	1945-05-30 12:00AM	Male	33305
ACTV	250	2006-07-01 12:00AM	Employee Only/Single	1965-04-26 12:00AM	Male	33067
ACTV	250	2006-07-01 12:00AM	Family	1960-11-12 12:00AM	Female	33073
ACTV	250	2006-07-01 12:00AM	Employee & Spouse	1961-02-08 12:00AM	Male	33334
ACTV	250	2006-07-01 12:00AM	Employee & Spouse	1961-09-12 12:00AM	Male	33311
ACTV	250	2006-07-01 12:00AM	Employee Only/Single	1967-05-28 12:00AM	Female	33025
ACTV	250	2006-07-01 12:00AM	Employee Only/Single	1953-06-13 12:00AM	Female	33027
ACTV	250	2006-07-01 12:00AM	Employee Only/Single	1948-12-19 12:00AM	Male	33069
ACTV	250	2006-07-29 12:00AM	Employee & Spouse	1950-08-12 12:00AM	Male	33334
ACTV	260	2006-06-01 12:00AM	Employee Only/Single	1958-04-24 12:00AM	Female	33304
ACTV	260	2006-06-01 12:00AM	Employee & Spouse	1951-01-28 12:00AM	Female	33309
ACTV	260	2006-06-01 12:00AM	Family	1972-03-08 12:00AM	Female	33065
ACTV	260	2006-06-01 12:00AM	Family	1946-08-30 12:00AM	Male	33067
ACTV	260	2006-06-01 12:00AM	Employee Only/Single	1947-09-12 12:00AM	Male	33026
ACTV	260	2006-07-01 12:00AM	Employee & Spouse	1967-12-28 12:00AM	Male	33435
ACTV	260	2006-06-01 12:00AM	Employee Only/Single	1950-03-12 12:00AM	Female	33308
ACTV	260	2006-06-01 12:00AM	Family	1952-08-16 12:00AM	Male	33071
ACTV	260	2006-06-01 12:00AM	Employee Only/Single	1949-07-26 12:00AM	Female	33301
ACTV	260	2006-06-01 12:00AM	Family	1947-01-03 12:00AM	Male	33311
ACTV	260	2006-06-01 12:00AM	Employee Only/Single	1974-12-22 12:00AM	Female	33437
ACTV	260	2006-09-01 12:00AM	Employee Only/Single	1983-09-04 12:00AM	Male	33328
ACTV	260	2006-06-01 12:00AM	Employee Only/Single	1961-02-03 12:00AM	Female	33063
ACTV	260	2006-06-01 12:00AM	Family	1961-06-16 12:00AM	Female	33029
ACTV	260	2006-06-01 12:00AM	Family	1958-02-16 12:00AM	Female	33334
ACTV	260	2006-06-01 12:00AM	Family	1957-11-02 12:00AM	Female	33076
ACTV	260	2006-07-02 12:00AM	Employee Only/Single	1967-09-21 12:00AM	Male	33334
ACTV	260	2006-07-01 12:00AM	Employee & Children	1953-12-25 12:00AM	Female	33315
ACTV	260	2006-06-01 12:00AM	Employee & Children	1971-08-01 12:00AM	Male	33470
ACTV	260	2006-06-01 12:00AM	Employee Only/Single	1950-09-19 12:00AM	Male	33305
ACTV	260	2006-06-01 12:00AM	Family	1957-05-11 12:00AM	Male	33323
ACTV	260	2006-06-01 12:00AM	Family	1965-03-13 12:00AM	Female	33486
ACTV	260	2006-06-01 12:00AM	Employee & Spouse	1972-03-31 12:00AM	Male	33312
ACTV	260	2006-06-01 12:00AM	Family	1969-08-19 12:00AM	Male	33326
ACTV	260	2006-06-01 12:00AM	Family	1967-01-21 12:00AM	Male	33027
ACTV	260	2006-06-01 12:00AM	Employee & Spouse	1955-09-15 12:00AM	Male	33025
ACTV	260	2006-06-01 12:00AM	Employee Only/Single	1964-10-23 12:00AM	Female	33024
ACTV	260	2006-06-01 12:00AM	Employee Only/Single	1949-07-19 12:00AM	Female	33301
ACTV	260	2006-06-01 12:00AM	Employee Only/Single	1983-07-01 12:00AM	Male	33312
ACTV	260	2006-06-01 12:00AM	Employee Only/Single	1956-03-09 12:00AM	Male	33301
ACTV	260	2006-06-01 12:00AM	Employee Only/Single	1958-05-05 12:00AM	Female	33322
ACTV	260	2006-06-01 12:00AM	Family	1971-05-07 12:00AM	Male	33326
ACTV	260	2006-06-01 12:00AM	Family	1968-04-13 12:00AM	Female	33325
ACTV	260	2006-06-01 12:00AM	Employee Only/Single	1955-11-30 12:00AM	Female	33309
ACTV	260	2006-06-01 12:00AM	Family	1957-10-19 12:00AM	Female	33167
ACTV	260	2006-06-01 12:00AM	Employee Only/Single	1955-04-09 12:00AM	Male	33313
ACTV	260	2006-06-01 12:00AM	Family	1965-01-29 12:00AM	Male	33319
ACTV	260	2006-06-01 12:00AM	Employee Only/Single	1959-05-13 12:00AM	Male	33021
ACTV	260	2006-06-01 12:00AM	Family	1962-10-04 12:00AM	Male	33436
ACTV	260	2006-06-01 12:00AM	Employee Only/Single	1971-11-26 12:00AM	Male	33334
ACTV	260	2006-06-01 12:00AM	Employee Only/Single	1948-02-20 12:00AM	Male	33331
ACTV	260	2006-06-01 12:00AM	Employee Only/Single	1959-11-08 12:00AM	Female	33305
ACTV	260	2006-10-01 12:00AM	Employee Only/Single	1978-10-16 12:00AM	Male	33065
ACTV	260	2006-06-01 12:00AM	Employee Only/Single	1954-12-07 12:00AM	Male	33313
ACTV	260	2006-06-01 12:00AM	Family	1959-08-25 12:00AM	Male	33020
ACTV	260	2006-06-01 12:00AM	Employee & Children	1968-08-18 12:00AM	Female	33331
ACTV	260	2006-06-01 12:00AM	Employee Only/Single	1963-09-12 12:00AM	Male	33305

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ACTV	260	2006-06-01 12:00AM	Employee Only/Single	1966-11-18 12:00AM	Female	33029
ACTV	260	2006-06-01 12:00AM	Family	1958-03-19 12:00AM	Male	33325
ACTV	260	2006-06-01 12:00AM	Employee Only/Single	1949-07-31 12:00AM	Female	33305
ACTV	260	2006-06-02 12:00AM	Employee & Spouse	1951-05-25 12:00AM	Female	33311
ACTV	260	2006-06-01 12:00AM	Employee & Children	1960-09-30 12:00AM	Female	33064
ACTV	260	2006-06-01 12:00AM	Employee & Spouse	1946-09-29 12:00AM	Male	33306
ACTV	260	2006-06-01 12:00AM	Employee Only/Single	1963-10-27 12:00AM	Female	33319
ACTV	260	2006-07-01 12:00AM	Employee Only/Single	1958-09-26 12:00AM	Female	33304
ACTV	260	2006-06-01 12:00AM	Employee & Children	1960-02-06 12:00AM	Male	33313
ACTV	260	2006-06-01 12:00AM	Employee & Spouse	1945-04-04 12:00AM	Male	33064
ACTV	260	2006-06-01 12:00AM	Employee Only/Single	1968-03-15 12:00AM	Male	33328
ACTV	260	2006-06-01 12:00AM	Family	1959-04-11 12:00AM	Male	33180
ACTV	260	2006-06-01 12:00AM	Family	1960-04-14 12:00AM	Female	33351
ACTV	260	2006-06-01 12:00AM	Employee Only/Single	1973-01-18 12:00AM	Female	33309
ACTV	260	2006-06-01 12:00AM	Employee Only/Single	1957-12-17 12:00AM	Male	33321
ACTV	260	2006-06-01 12:00AM	Employee Only/Single	1981-01-14 12:00AM	Male	33324
ACTV	260	2006-06-01 12:00AM	Employee & Spouse	1957-06-20 12:00AM	Female	33328
ACTV	260	2006-06-01 12:00AM	Employee & Spouse	1949-01-12 12:00AM	Male	33021
ACTV	260	2006-06-01 12:00AM	Family	1967-02-20 12:00AM	Male	33020
ACTV	260	2006-06-01 12:00AM	Employee Only/Single	1938-12-15 12:00AM	Male	33334
ACTV	260	2006-06-01 12:00AM	Employee & Spouse	1977-09-18 12:00AM	Female	33060
ACTV	260	2006-07-01 12:00AM	Employee & Spouse	1963-06-04 12:00AM	Male	33308
ACTV	260	2006-09-01 12:00AM	Employee Only/Single	1980-03-26 12:00AM	Male	33065
ACTV	260	2006-06-01 12:00AM	Employee Only/Single	1958-07-21 12:00AM	Male	33314
ACTV	260	2006-06-01 12:00AM	Employee & Spouse	1948-04-21 12:00AM	Male	33351
ACTV	260	2006-06-01 12:00AM	Employee & Spouse	1955-05-28 12:00AM	Female	33312
ACTV	260	2006-06-01 12:00AM	Employee & Children	1960-02-18 12:00AM	Female	33063
ACTV	260	2006-06-02 12:00AM	Family	1970-12-08 12:00AM	Female	33312
ACTV	260	2006-06-01 12:00AM	Family	1970-05-02 12:00AM	Male	33068
ACTV	260	2006-08-01 12:00AM	Employee Only/Single	1971-09-22 12:00AM	Female	33065
ACTV	260	2006-06-01 12:00AM	Employee & Spouse	1952-09-02 12:00AM	Female	33308
ACTV	260	2006-06-01 12:00AM	Family	1951-07-28 12:00AM	Male	33067
ACTV	260	2006-06-01 12:00AM	Family	1963-05-22 12:00AM	Male	33060
ACTV	260	2006-06-01 12:00AM	Family	1972-03-31 12:00AM	Female	33328
ACTV	260	2006-06-01 12:00AM	Family	1963-11-25 12:00AM	Female	33067
ACTV	260	2006-06-01 12:00AM	Employee Only/Single	1952-01-01 12:00AM	Male	33304
ACTV	260	2006-09-23 12:00AM	Employee Only/Single	1982-10-28 12:00AM	Male	33351
ACTV	260	2006-06-01 12:00AM	Employee & Spouse	1974-01-06 12:00AM	Male	33065
ACTV	260	2006-06-01 12:00AM	Family	1972-01-30 12:00AM	Male	33066
ACTV	260	2006-06-01 12:00AM	Employee & Spouse	1955-11-21 12:00AM	Female	33305
ACTV	260	2006-06-01 12:00AM	Employee & Children	1970-03-15 12:00AM	Female	33319
ACTV	260	2006-06-01 12:00AM	Family	1961-07-05 12:00AM	Male	33068
ACTV	260	2006-09-01 12:00AM	Employee & Spouse	1974-02-05 12:00AM	Female	33019
ACTV	260	2006-06-01 12:00AM	Employee & Children	1956-02-28 12:00AM	Male	33306
ACTV	260	2006-06-01 12:00AM	Family	1969-09-23 12:00AM	Male	33024
ACTV	260	2006-07-01 12:00AM	Family	1959-09-06 12:00AM	Male	33428
ACTV	260	2006-06-01 12:00AM	Employee & Children	1946-06-11 12:00AM	Male	33063
ACTV	260	2006-06-01 12:00AM	Employee & Spouse	1974-09-24 12:00AM	Male	33319
ACTV	260	2006-06-01 12:00AM	Family	1952-05-06 12:00AM	Male	33306
ACTV	260	2006-06-01 12:00AM	Family	1953-02-03 12:00AM	Male	33312