

Solicitation 575-11928

Group DHMO and DPPO Dental Plan Benefits

Bid Designation: Public



City of Fort Lauderdale

Bid 575-11928

Group DHMO and DPPO Dental Plan Benefits

Bid Number 575-11928
 Bid Title Group DHMO and DPPO Dental Plan Benefits

Bid Start Date Mar 9, 2017 4:08:52 PM EST
 Bid End Date Apr 11, 2017 2:00:00 PM EDT
 Question & Answer End Date Mar 28, 2017 5:00:00 PM EDT

Bid Contact AnnDebra Diaz
 Procurement Specialist II
 Procurement
 954-828-5949
 adiaz@fortlauderdale.gov

Pre-Bid Conference Mar 23, 2017 10:00:00 AM EDT
Attendance is optional
Location: City Hall
100 N. Andrews Avenue
3rd Floor Conference Room
Fort Lauderdale, FL 33301

Description

The City of Fort Lauderdale, Florida (City) is seeking proposals from qualified, single source experienced and licensed firm(s) to provide group DHMO and DPPO coverages for the City's Benefits Section of the Human Resources Department, in accordance with the terms, conditions, and specifications contained in this Request for Proposals (RFP).

For further information go to www.bidsync.com

Added on Mar 24, 2017:

Refer to Addendum No. 1 and return with your proposal.

City of Fort Lauderdale
Group DHMO and DPPO Dental Plan Benefits
RFP # 575-11928

SECTION I – INTRODUCTION AND INFORMATION**1.1 Purpose**

The City of Fort Lauderdale, Florida (City) is seeking proposals from qualified, single source experienced and licensed firm(s) to provide group Dental Health Maintenance Organization (DHMO) and Dental Preferred Provider Organization (DPPO) coverages for the City's Benefits Section of the Human Resources Department, in accordance with the terms, conditions, and specifications contained in this Request for Proposals (RFP).

1.2 Submission Deadline

Sealed proposals shall be delivered during the City's normal business hours in a sealed envelope and addressed to the City of Fort Lauderdale Procurement Services Division, 100 N. Andrews Avenue, #619, Fort Lauderdale, FL 33301 (City Hall) no later than the date and time specified, at which time and place the proposals will be publicly opened and the names of the firms will be read. After the deadline, proposals will not be accepted. Firms are responsible for making certain that their proposal is received at the location specified by the due date and time. The City of Fort Lauderdale is not responsible for delays caused by any mail, package or courier service, including the U.S. mail, or caused by any other occurrence or condition. The City's normal business hours are Monday through Friday, 8:00 a.m. through 5:00 p.m. excluding holidays observed by the City.

1.3 Pre-proposal Conference and Site Visit

There will be a pre-proposal conference visit scheduled for this Request for Proposal. It is strongly suggested that all Contractors attend the pre-proposal conference.

Attendance is not mandatory. It is the sole responsibility of the Contractor to become familiar with the scope of the City's requirements and systems prior to submitting a proposal. No variation in price or conditions shall be permitted based upon a claim of ignorance. It is strongly suggested that all Contractors attend the pre-proposal meeting.

1.4 BidSync

The City of Fort Lauderdale uses BidSync (www.bidsync.com) to administer the competitive solicitation process, including but not limited to soliciting proposals, issuing addenda, posting results and issuing notification of an intended decision. There is no charge to register and download the RFP from BidSync. Proposers are strongly encouraged to read the various vendor Guides and Tutorials available in BidSync well in advance of their intention of submitting a proposal to ensure familiarity with the use of BidSync. The City shall not be responsible for a Proposers inability to submit a Proposal by the end date and time for any reason, including issues arising from the use of BidSync.

1.5 Point of Contact

For information concerning procedures for responding to this solicitation, contact Senior Procurement Specialist AnnDebra Diaz at (954) 828-5949 or email at adiaz@fortlauderdale.gov. Such contact shall be for clarification purposes only.

For information concerning technical specifications, please utilize the question / answer feature provided by BidSync at www.bidsync.com. Questions of a material nature must be received prior to the cut-off date specified in the RFP Schedule. Material changes, if any, to the scope of services or bidding procedures will only be transmitted by written addendum.

(See addendum section of BidSync Site). Contractors please note: Proposals shall be submitted as stated in PART IV – Submittal Requirements. No part of your proposal can be submitted via FAX. No variation in price or conditions shall be permitted based upon a claim of ignorance. Submission of a proposal will be considered evidence that the Contractor has familiarized themselves with the nature and extent of the work, and the equipment, materials, and labor required. The entire proposal must be submitted in accordance with all specifications contained in this solicitation. The questions and answers submitted in BidSync shall become part of any contract that is created from this RFP.

END OF SECTION

SECTION II - SPECIAL TERMS AND CONDITIONS

2.1 General Conditions

RFP General Conditions (Form G-107, Rev. 02/15) are included and made a part of this RFP.

2.2 Addenda, Changes, and Interpretations

It is the sole responsibility of each firm to notify the Buyer utilizing the question / answer feature provided by BidSync and request modification or clarification of any ambiguity, conflict, discrepancy, omission or other error discovered in this competitive solicitation. Requests for clarification, modification, interpretation, or changes must be received prior to the Question and Answer (Q & A) Deadline. Requests received after this date may not be addressed. Questions and requests for information that would not materially affect the scope of services to be performed or the solicitation process will be answered within the question / answer feature provided by BidSync and shall be for clarification purposes only. Material changes, if any, to the scope of services or the solicitation process will only be transmitted by official written addendum issued by the City and uploaded to BidSync as a separate addendum to the RFP. Under no circumstances shall an oral explanation given by any City official, officer, staff, or agent be binding upon the City and should be disregarded. All addenda are a part of the competitive solicitation documents and each firm will be bound by such addenda. It is the responsibility of each to read and comprehend all addenda issued.

2.3 Changes and Alterations

Proposer may change or withdraw a Proposal at any time prior to Proposal submission deadline; however, no oral modifications will be allowed. Modifications shall not be allowed following the Proposal deadline.

2.4 Proposer's Costs

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

2.5 Pricing/Delivery

All pricing should be identified on the Cost Proposal page provided in this RFP. No additional costs may be accepted, other than the costs stated on the Cost Proposal page. Failure to use the City's Cost Proposal page and provide costs as requested in this RFP may deem your proposal non-responsive.

Prices proposed shall be valid for at least One-Hundred and Twenty (120) days from time of RFP opening unless otherwise extended and agreed upon by the City and proposer.

2.6 Invoices/Payment

The City will accept invoices no more frequently than once per month. Each invoice shall fully detail the related costs and shall specify the status of the particular task or project as of the date of the invoice with regard to the accepted schedule for that task or project. Payment will be made within forty-five (45) days after receipt of an invoice acceptable to the City, in accordance with the Florida Local Government Prompt Payment Act. If, at any time during the contract, the City shall not approve or accept the Contractor's work product, and 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.

2.7 Related Expenses/Travel Expenses

All costs including travel are to be included in your proposal. The City will not accept any

additional costs.

2.8 Payment Method

The City of Fort Lauderdale has implemented a Procurement Card (P-Card) program which changes how payments are remitted to its vendors. The City has transitioned from traditional paper checks to payment by credit card via MasterCard or Visa. This allows you as a vendor of the City of Fort Lauderdale to receive your payment fast and safely. No more waiting for checks to be printed and mailed. Payments will be made utilizing the City's P-Card (MasterCard or Visa). Accordingly, firms must presently have the ability to accept credit card payment or take whatever steps necessary to implement acceptance of a credit card before the commencement of a contract. See Contract Payment Method form attached.

2.9 Mistakes

The Proposer shall examine this RFP carefully. The submission of a Proposal shall be prima facie evidence that the consultant has full knowledge of the scope, nature, and quality of the work to be performed; the detailed requirements of the specifications; and the conditions under which the work is to be performed. Ignorance of the requirements will not relieve the consultant from liability and obligations under the Contract.

2.10 Acceptance of Proposals / Minor Irregularities

2.10.1 The City reserves the right to accept or reject any or all proposals, part of proposals, and to waive minor irregularities or variances to specifications contained in proposals which do not make the proposal conditional in nature and minor irregularities in the solicitation process. A minor irregularity shall be a variation from the solicitation that does not affect the price of the contract or does not give a respondent an advantage or benefit not enjoyed by other respondents, does not adversely impact the interests of other firms or, does not affect the fundamental fairness of the solicitation process. The City also reserves the right to reissue a Request for Proposal.

2.10.2 The City reserves the right to disqualify Proposer during any phase of the competitive solicitation process and terminate for cause any resulting contract upon evidence of collusion with intent to defraud or other illegal practices on the part of the Proposer.

2.11 Sample Contract Agreement

A sample of the formal agreement template, which may be required to be executed by the awarded vendor can be found at our website

http://fortlauderdale.gov/purchasing/AWARDS/CONTRACT_TEMPLATE_SERVICES.pdf

2.12 Responsiveness

In order to be considered responsive to the solicitation, the firm's proposal shall fully conform in all material respects to the solicitation and all of its requirements, including all form and substance.

2.13 Responsibility

In order to be considered as a responsible firm, firm shall be fully capable to meet all of the requirements of the solicitation and subsequent contract, must possess the full capability, including financial and technical, to perform as contractually required, and must be able to fully document the ability to provide good faith performance.

2.14 Minimum Qualifications

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 the proposal.

Dental Maintenance Organization

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

Insurance Company and PPO Dental Plan

- 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.

Proposers shall satisfy each of the following requirements cited below. Failure to do so may result in the proposal being deemed non-responsive.

2.14.2 Before awarding a contract, the City reserves the right to require that a Proposer submit such evidence of qualifications as the City may deem necessary. Further, the City may consider any evidence of the financial, technical, and other qualifications and abilities of a firm or principals, including previous experiences of same with the City and performance evaluation for services, in making the award in the best interest of the City.

2.14.3 Firm or principals shall have no record of judgments, pending lawsuits against the City or criminal activities involving moral turpitude and not have any conflicts of interest that have not been waived by the City Commission.

2.14.4 Neither firm nor any principal, officer, or stockholder shall be in arrears or in default of any debt or contract involving the City, (as a party to a contract, or otherwise); nor have failed to perform faithfully on any previous contract with the City.

2.15 Lobbying Activities

Any contractor submitting a response to this solicitation must comply, if applicable, with City of Fort Lauderdale Ordinance No. C-00-27 & Resolution No. 07-101, Lobbying Activities. Copies of Ordinance No. C-00-27 and Resolution No. 07-101 may be obtained from the City Clerk's Office on the 7th Floor of City Hall, 100 N. Andrews Avenue, Fort Lauderdale, Florida. The ordinance may also be viewed on the City's website at:

http://www.fortlauderdale.gov/clerk/LobbyistDocs/lobbyist_ordinance.pdf.

2.16 Protest Procedure

2.16.1 Any Proposer or Bidder who is not recommended for award of a contract and who alleges a failure by the city to follow the city's procurement ordinance or any applicable law may protest to the director of procurement services division (director), by delivering a letter of protest to the director within five (5) days after a notice of intent to award is posted on the city's web site at the following link:

<http://www.fortlauderdale.gov/departments/finance/procurement-services/notices-of-intent-to-award>.

2.16.2 The complete protest ordinance may be found on the city's web site at the following link: <http://www.fortlauderdale.gov/purchasing/protestordinance.pdf>

2.17 Public Entity Crimes

Contractor, by submitting a proposal attests she/he/it has not been placed on the convicted vendor list. 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 proposal on a contract to provide any goods or services to a public entity, may not submit a proposal on a contract with a public entity for the construction or repair of a public building or public work, may not submit proposals 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 the threshold amount provided in Section 287.017, Florida Statutes, for Category Two for a period of 36 months from the date of being placed on the convicted vendor list.

2.18 Insurance Requirements

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

2.18.2 The City of Fort Lauderdale shall be given notice 10 days prior to cancellation or modification of any stipulated insurance. The insurance provided shall be endorsed or amended to comply with this notice requirement. In the event that the insurer is unable to accommodate, it shall be the responsibility of the Contractor to provide the proper notice. Such notification will be in writing by registered mail, return receipt requested and addressed to the Procurement Services Division.

2.18.3 The Contractor's insurance must be provided by an A.M. Best's "A-" rated or better insurance company authorized to issue insurance policies in the State of Florida, subject to approval by the City's Risk Manager. Any exclusions or provisions in the insurance maintained by the contractor that precludes coverage for work contemplated in this RFP shall be deemed unacceptable, and shall be considered breach of contract.

Workers' Compensation and Employers' Liability Insurance

Limits: Workers' Compensation – Per Florida Statute 440
Employers' Liability - \$500,000

Any firm performing work on behalf of the City of Fort Lauderdale must provide Workers' Compensation insurance. Exceptions and exemptions will be allowed by the City's Risk Manager, if they are in accordance with Florida Statute. For additional information contact the Department of Financial Services, Workers' Compensation Division at (850) 413-1601 or on the web at www.fldfs.com.

Commercial General Liability Insurance

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

Limits: Combined single limit bodily injury/property damage \$1,000,000. This coverage must include, but not limited to:

- a. Coverage for the liability assumed by the contractor under the indemnity provision of the contract.
- b. Coverage for Premises/Operations
- c. Products/Completed Operations
- d. Broad Form Contractual Liability
- e. Independent Contractors

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

Professional Liability (Errors & Omissions)

Consultants

Limits: \$2,000,000 per occurrence

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

2.18.5 In the event that you are the successful Proposer, you will be required to provide a certificate naming the City as an "additional insured" for General Liability. Certificate holder should be addressed as follows:

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

2.19 Award of Contract

A Contract (the "Agreement") may be awarded by the City Commission. The City reserves the right to execute or not execute, as applicable, a contract with the Proposer(s) that is determined to be in the City's best interests. The City reserves the right to award a contract to more than one Proposer, at the sole and absolute discretion of the in the City.

2.20 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 service from a public utility needed for their performance, provided that:

- 2.20.1** 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;
- 2.20.2** The excuse of performance is of no greater scope and of no longer duration than is required by the Force Majeure;
- 2.20.3** 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
- 2.20.4** 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.

2.21 Canadian Companies

The City may enforce in the United States of America or in Canada or in both countries a judgment entered against the Contractor. The Contractor waives any and all defenses to the City's enforcement in Canada, of a judgment entered by a court in the United States of America. All monetary amounts set forth in this Contract are in United States dollars.

2.22 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.

2.23 Contract Period

The initial contract term shall commence upon date of award by the City or January 1, 2018 whichever is later, and shall expire three years from that date. The City reserves the right to extend the contract for two, additional one year term, providing all terms conditions and specifications remain the same, both parties agree to the extension, and such extension is approved by the City.

In the event services are scheduled to end because of the expiration of this contract, the Contractor shall continue the service upon the request of the City as authorized by the awarding authority. The extension period shall not extend for more than 120 days beyond the expiration date of the existing contract. The Contractor shall be compensated for the service at the rate in effect when this extension clause is invoked by the City.

2.24 Substitution of Personnel

It is the intention of the City that the Contractor's personnel proposed for the contract will be available for the contract term. In the event the Contractor wishes to substitute personnel, he shall propose personnel of equal or higher qualifications and all replacement personnel are subject to City approval. In the event substitute personnel are not satisfactory to the City and the matter cannot be resolved to the satisfaction of the City, the City reserves the right to cancel the Contract for cause. See Section 5.09 General Conditions.

2.25 Service Organization Controls

The Contactor shall provide a current SSAE 16, SOC 2, Type I report with their proposal. Awarded Contractor will be required to provide an SSAE 16, SOC 2, Type II report annually during the term of this contract. If the Contractor cannot provide the SSAE 16, SOC 2, Type I report at time of proposal submittal, a current SOC 3 report will be accepted.

2.26 Business Associate Agreement

The City shall require recommended awarded Proposer, and possibly any sub-contractor to execute a Business Associate Agreement. A Sample Business Associate Agreement is attached as Exhibit A. The sample document does not need to be executed and provided with your RFP, but will need to be executed upon award of contract.

END OF SECTION

SECTION III - TECHNICAL SPECIFICATIONS/SCOPE OF SERVICES

3.1 Overview

The City of Fort Lauderdale is issuing this Request for Proposal for group dental DHMO & DPPO coverages for its 1,876 eligible active and retired management, general and firefighter employees. City police (FOP) are not covered under these plans.

One carrier currently provides three different group dental coverages that are currently being rebid as part of this RFP. Management and general employees are offered two plans and firefighters are offered one plan.

Management and General Employees - Humana has provided a fully-insured DHMO and passive DPPO plan since January 2010. Prior to that, Safeguard/MetLife provided the benefits from March 1, 2007 through December 31, 2009 and Guardian from March 1, 2003 through February 28, 2007.

- There are currently an estimated total of 1,477 Humana subscribers covered, 506 under the DHMO and 971 under the DPPO. There are 223 retirees, 7 COBRA and 732 Teamsters included in these enrollment numbers.
- There are approximately 1,498 active employees and retirees eligible for the Humana dental plans.
- Management coverage is paid for by the City (non-contributory) and general employee coverage (Teamsters) and retiree coverage is 100% contributory.

Firefighters - the City has provided firefighters with a fully insured DPPO plan through Humana since January 2014. Prior to this, a self-funded DPPO plan was offered through Guardian since September 2008. A Firefighter Healthcare Trust run by the IAFF bargaining unit previously provided a similar Guardian dental plan to its membership prior to the City taking over in 2008.

- There are 372 firefighter subscribers covered, including both active employees (313) and retirees (59), under the DPPO plan.
- There are approximately 416 employees and retirees currently eligible for this plan.
- The City contributes \$39 per month for each firefighter subscriber no matter what their tier of coverage is.
- This negotiated DPPO plan has lower benefits than the City plan and is being kept separate as a distinct DPPO plan.

3.2 Objectives of Request for Proposals

- Obtain an agreement with a single source dental provider capable of providing all of the services and benefits requested.
- Minimize displacement of existing providers and maximize choice of network providers.
- Maintain or enhance existing benefits as specified.
- Lower the City and employee cost of dental benefits.

3.3 Scope of Request for Proposals

Fully-insured Cost Proposals are requested for the following:

- DHMO Plan for Management and General Employees
- DPPO Plan for Management and General Employees
- DPPO Plan for Firefighters

No other plan options or configurations are requested at this time.

The City is requesting a single source dental provider capable of providing both plan options as well as integrated member services for the members and the City. Proposals for independent stand-alone DHMO and DPPO plans will not be considered. Independent dental companies who partner with another dental company to provide the DPPO and DHMO benefits will not be considered.

A single source dental provider is one that bears the risk for both the DHMO and the DPPO plans. Partnership arrangements between two unrelated companies to split the risks are not acceptable.

The City is requesting a dedicated, toll-free number for its employees to address service and benefit questions. Proposers who are not able to offer this benefit must clearly indicate this in the Deviations section of your proposal.

3.4 Agent and Broker Participation

While the services of insurance agents or brokers are not requested, Florida licensed insurance agents may submit proposals for consideration based on Florida State Statute 624.1275. Any agent proposing must disclose all commission and/or bonus arrangements that are included in the proposed rates. In addition, a list of services offered as well as the agent's resume and references must be included in Tab VII of your response.

3.5 Existing Employer Contributions

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

The City contribution for Firefighters DPPO plan is \$39 monthly no matter the coverage tier.

3.6 General Plan Provisions

3.6.1 Retirees

Retirees and their spouses and eligible dependents can continue coverage for life. Their option to continue dental coverage is offered once at retirement only. If they opt out they cannot reenter the plans. Covered spouses of retirees may continue coverage after death of the retiree under COBRA. Retirees pay 100% of the premium for the plan selected.

3.6.2 Waiting Period and Effective Date

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

3.6.3 Leave of Absence

Employees on leave of absence may continue coverage subject to their payment of premiums.

3.6.4 Dependent Coverage

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

- (a) The child is dependent upon the employee for support and is not married.
- (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.

3.6.5 Plan Year Defined & Renewal Notifications

The first plan rate minimum period shall be January 1, 2018 through December 31, 2018. Three-year rate guarantees are encouraged and will be factored into the evaluations with up to 10 percentage points awarded for a 3-year guarantee. Renewal notifications must be delivered by July 1 for a January 1 effective date.

3.6.6 Communications

The successful company shall provide \$2,000 annually to the City for the purpose of preparing and distributing benefit enrollment materials. Summary plan descriptions and benefit plan outlines shall be included in proposed premium and will be made available online.

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

3.7 Performance Guarantees

The City wishes the successful Proposer to be a true partner in the administration of the dental plan and is requesting that the following performance guarantees be included in your proposal. Each standard is to be measured quarterly and reported to the City by the end of the month following the quarter.

Implementation Performance Guarantees	Performance Commitment	Liquidated Damages % Amount
Identification Card Delivery Performance Standard	98% of Identification Cards mailed within 10 business days of receipt of complete and accurate eligibility data.	0.25% of annual premium
Call Readiness Performance Commitment	Service Center(s) ready to respond to customer inquiries as of open enrollment period.	0.25% of annual premium
Secure Internet Portals Commitment	Employer and member portals fully functional and available to City and participants as of open enrollment period.	0.25% of annual premium
Overall Satisfaction with Implementation Services Performance Standard	Based on a mutually agreed upon Satisfaction Survey (standard will be measured and reported to Employer annually after open enrollment implementation).	0.25% of annual premium

Ongoing Performance Guarantees			Measure Method	Liquidated Damages % Amount
I.D. Card Production (ongoing)			98% of Identification Cards mailed within 10 business days of receipt of complete and accurate eligibility data (standard will be measured and reported to Employer quarterly).	0.25% of annual premium
Claims Processing			Time to Process: 90% of claims accurately processed in 10 business days from the date a claim is received to the date it is processed (i.e., paid, pending or denied) excluding weekends and holidays (clean claims only). Standard will be measured and reported to Employer quarterly.	0.25% of annual premium
Member Services Hold Time			Guarantee that hold time will be 3 minutes or less (standard will be measured and reported to Employer quarterly)	0.25% of annual premium
Member Services Average Speed of Answer			Guarantee that 80% of calls answered by live representative within 20 seconds or less (standard will be measured and reported to Employer quarterly)	0.25% of annual premium
Abandonment Rate			Guarantee that the call abandonment rate will be 4% or less (standard will be measured and reported to Employer quarterly).	0.25% of annual premium
Service Manager Performance Standard			Response to telephone calls and email messages within 24 hours	0.25% of annual premium
Resolution of Eligibility Issues			Response rate of 24 hours to correct eligibility issues	0.25% of annual premium

Liquidated damages amount is not to exceed \$12,000 per quarter, maximum \$48,000 per year.

END OF SECTION

SECTION IV – SUBMITTAL REQUIREMENTS

4.1 Instructions

- 4.1.1** Although proposals are accepted 'hard copy', the City of Fort Lauderdale uses BidSync (www.bidsync.com) to administer the competitive solicitation process, including but not limited to soliciting proposals, issuing addenda, responding to questions / requests for information. There is no charge to register and download the RFP from BidSync. Proposers are strongly encouraged to read the various vendor Guides and Tutorials available in BidSync well in advance of their intention of submitting a proposal to ensure familiarity with the use of BidSync. The City shall not be responsible for a Proposer's inability to submit a proposal by the end date and time for any reason, including issues arising from the use of BidSync.
- 4.1.2** Careful attention must be given to all requested items contained in this RFP. Proposers are invited to submit proposals in accordance with the requirements of this RFP. Please read entire solicitation before submitting a proposal. Proposers must provide a response to each requirement of the RFP. Proposals should be prepared in a concise manner with an emphasis on completeness and clarity. Notes, exceptions, and comments may be rendered on an attachment, provided the same format of this RFP text is followed.
- 4.1.3** All information submitted by Proposer shall be typewritten or provided as otherwise instructed to in the RFP. Proposers shall use and submit any applicable or required forms provided by the City and attach such to their proposal. Failure to use the forms may cause the proposal to be rejected and deemed non-responsive.
- 4.1.4** Proposals shall be submitted by an authorized representative of the firm. Proposals must be submitted in the business entities name by the President, Partner, Officer or Representative authorized to contractually bind the business entity. Proposals shall include an attachment evidencing that the individual submitting the proposal, does in fact have the required authority stated herein.
- 1.1.5** All proposals will become the property of the City. The Proposer's response to the RFP is a public record pursuant to Florida law, which is subject to disclosure by the City under the State of Florida Public Records Law, Florida Statutes Chapter 119.07 ("Public Records Law"). The City shall permit public access to all documents, papers, letters or other material submitted in connection with this RFP and the Contract to be executed for this RFP, subject to the provisions of Chapter 119.07 of the Florida Statutes. Any language contained in the Proposer's response to the RFP purporting to require confidentiality of any portion of the Proposer's response to the RFP, except to the extent that certain information is in the City's opinion a Trade Secret pursuant to Florida law, shall be void. If a Proposer submits any documents or other information to the City which the Proposer claims is Trade Secret information and exempt from Florida Statutes Chapter 119.07 ("Public Records Laws"), the Proposer shall clearly designate that it is a Trade Secret and that it is asserting that the document or information is exempt. The Proposer must specifically identify the exemption being claimed under Florida Statutes 119.07. The City shall be the final arbiter of whether any information contained in the Proposer's response to the RFP constitutes a Trade Secret. 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 agent, against any loss or damages incurred by any person

or entity as a result of the city's treatment of records as public records. In the event of Contract award, all documentation produced as part of the Contract shall become the exclusive property of the City.

IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT. CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT 954-828-5002, PRRCONTRACT@FORTLAUDERDALE.GOV, CITY CLERK'S OFFICE, 100 NORTH ANDREWS AVENUE, FORT LAUDERDALE, FLORIDA 33301.

- 4.1.6** One original and two copies plus seven electronic (Flash Drive) copies of your proposal shall be delivered in a sealed package with the RFP number, due and open date, and RFP title clearly marked on the outside by the due date and time (deadline) to the address specified in Section I, 1.2 – Submission Deadline. ***Please label the flash drives with the company name and RFP number.*** It is the sole responsibility of the respondent to ensure their proposal is received on or before the date and time stated, in the specified number of copies and in the format stated herein.

Documents that are requested in Microsoft Word or Excel format must be provided as standard .doc or .docx, .xls or .xlsx format with no encryption. The files must be formatted to be opened on Windows or Macintosh computers without the need for special conversion software or passwords.

- 4.1.7** By submitting a response Proposer is confirming that the firm has not been placed on the convicted vendors list as described in Section §287.133 (2) (a) Florida Statutes; that the only person(s), company or parties interested in the proposal as principals are named therein; that the proposal is made without collusion with any other person(s), company or parties submitting a proposal; that it is in all respects fair and in good faith, without collusion or fraud; and that the signer of the proposal has full authority to bind the firm.

4.2 Contents of the Proposal

The City deems certain documentation and information important in the determination of responsiveness and for the purpose of evaluating proposals. Proposals should seek to avoid information in excess of that requested, must be concise, and must specifically address the issues of this RFP. The City prefers that proposals be double-sided, be bound in a soft cover binder, and utilize recyclable materials as much as practical. Elaborate binders are neither necessary nor desired. Please place the labeled Flash Drives in an envelope. The proposals shall be organized and divided into the sections indicated herein. These are not inclusive of all the information that may be necessary to properly evaluate the proposal and meet the requirements of the scope of work and/or specifications. Additional documents and information should be provided as deemed appropriate by the respondent in proposal to specific requirements stated herein or through the RFP.

4.2.1 Table of Contents

The table of contents should outline in sequential order the major areas of the submittal, including enclosures. All pages should be consecutively numbered and correspond to the Table of Contents.

4.2.2 Executive Summary

Each Proposer must submit an executive summary that identifies the business entity, its background, main office(s), and office location that will service this contract. Identify the officers, principals, supervisory staff and key individuals who will be directly involved with the work and their office locations. The executive summary should also summarize the key elements of the proposal.

4.2.3 Experience and Qualifications

Indicate the firm's number of years of experience in providing the professional services as it relates the work contemplated. Provide details of past projects for agencies of similar size and scope. Indicate business structure, IE: Corp., Partnership, LLC. Firm should be registered as a legal entity in the State of Florida; Minority or Woman owned Business (if applicable); Company address, phone number, fax number, E-Mail address, web site, contact person(s), etc. Relative size of the firm, including management, technical and support staff; licenses and any other pertinent information shall be submitted.

4.2.4 Approach to Scope of Work

Provide in concise narrative form, your understanding of the City's needs, goals and objectives as they relate to the project, and your overall approach to accomplishing the project. Give an overview on your proposed vision, ideas and methodology. Describe your proposed approach to the project. As part of the project approach, the proposer shall propose a scheduling methodology (time line) for effectively managing and executing the work in the optimum time. Also provide information on your firm's current workload and how this project will fit into your workload. Describe available facilities, technological capabilities and other available resources you offer for the project.

Additionally, the proposal should specifically address the following items. Each should be presented in the requested order, separated by tabs and listed in the table of contents.

4.2.5 Benefit Plans

Proposers must provide complete benefit descriptions of the plans being proposed, including the proposed DHMO schedule with CDT codes and brief explanation of service. These descriptions must include all exclusions and limitations. In addition, an Excel file is attached, *DHMO copays.xlsx*, which lists dental procedures. Please fill in the DHMO copay for each procedure for the plan or plans you are proposing. You must indicate which procedures are not covered. If your plan covers procedures that are not listed, please add them to the file and highlight your entry. Provide this in Excel format on a Flash Drive.

Please review current benefit specifications. If your proposed plans do not meet these specifications, please include a description of all deviations in this tab.

4.2.6 Rate and Premium Forms

Proposers must complete the premium rate form provided in Section VI of this RFP.

4.2.7 Network Forms

Proposers must complete the network forms provided in this RFP. These forms include the network summary found in Section VII of this document and the specific

provider file which is attached as *specific providers.xlsx*. This file includes lists of the DHMO and PPO providers utilized by City members. Indicate which are included in your company's network.

4.2.8 National DHMO and DPPO Networks / Geo Access Reports

Please provide a complete listing of all national markets in which you have DHMO and DPPO networks that would be available to City retirees. Include a Geo Access report based on the census provided which includes zip codes. The geo access reports are required only for retirees living outside of the South Florida area.

4.2.9 Questionnaire

Proposers must respond to the questionnaire attached to this RFP as *dental proposal questionnaire.docx*.

4.2.10 Deviations from RFP

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

4.2.11 Grievance and Appeal Procedures

Proposers should provide a description of the grievance and appeal procedure for DHMO and DPPO plan participants. Be specific in terms of timelines and expected turnarounds.

4.2.12 DHMO Quality Assurance

Provide a detailed description of your DHMO and DPPO provider Quality Assurance program.

4.2.13 Proof of Incorporation

Proposers should furnish proof of State of Incorporation and State in which licensed.

4.2.14 Authorization to Provide Services

Proposers should provide certification from the appropriate State offices that your company is authorized to provide the services contained within your proposal.

4.2.15 References

Proposers should provide a list of four (4) group clients with more than 500 covered employees located in the State of Florida, preferably public sector employers. Also include names of persons who may be contacted for references, along with their phone numbers and email addresses. Also include contact information for two (2) former clients. A reference form found in Section VIII has been provided for you to complete.

4.2.16 Proposing Company History

Proposers should indicate number of years the company has offered group dental plans.

4.2.17 Minimum Qualifications

Proposers should provide documentation of minimum qualification as stated in this

RFP.

4.2.18 Sample Contracts

Proposers must include samples of any and all contracts and certificates of coverage that would be executed by the City under the proposed plans. This information should be included in Tab 9 of your proposal. NOTE: If your terms and conditions conflict with the City's terms and conditions, Proposer may be deemed NON-RESPONSIVE.

4.2.19 Sample Administration Forms

Proposers should include a sample identification card, claims forms, enrollment forms and explanation of benefits forms.

4.2.21 Minority/Women (M/WBE) Participation

If your firm is a certified minority business enterprise as defined by the Florida Small and Minority Business Assistance Act of 1985, provide copies of your certification(s). If your firm is not a certified M/WBE, describe your company's previous efforts, as well as planned efforts in meeting M/WBE procurement goals under Florida Statutes 287.09451.

4.2.22 Required Forms

a. Proposal Certification

Complete and attach the Proposal Certification provided herein.

b. Non-Collusion Statement

This form is to be completed, if applicable, and inserted in this section.

c. Local Business Preference (LBP)

This form is to be completed, if applicable, and inserted in this section.

d. Contract Payment Method

This form must be completed and returned with your proposal. Proposers must presently have the ability to accept these credit cards or take whatever steps necessary to implement acceptance of a card before the start of the contract term, or contract award by the City.

e. Sample Insurance Certificate

Demonstrate your firm's ability to comply with insurance requirements. Provide a previous certificate or other evidence listing the Insurance Companies names for the required coverage and limits.

END OF SECTION

SECTION V – EVALUATION AND AWARD

5.1 Evaluation Procedure

5.1.1 Bid Tabulations/Intent to Award

Notice of Intent to Award Contract/Bid, resulting from the City's Formal solicitation process, requiring City Commission action, may be found at <http://www.fortlauderdale.gov/departments/finance/procurement-services/notices-of-intent-to-award>. Tabulations of receipt of those parties responding to a formal solicitation may be found at <http://www.fortlauderdale.gov/departments/finance/procurement-services/bid-results>, or any interested party may call the Procurement Office at 954-828-5933.

5.1.2 Evaluation of proposals will be conducted by an Evaluation Committee, consisting of a minimum of three members of City Staff, or other persons selected by the City Manager or designee. All committee members must be present at scheduled evaluation meetings. Proposals shall be evaluated based upon the information and references contained in the responses as submitted.

5.1.3 The Committee may short list no less than three Proposals, assuming that three proposals have been received, that it deems best satisfy the weighted criteria set forth herein. The committee may then conduct interviews and/or require oral presentations from the short listed Proposers. The Evaluation Committee shall then re-score and re-rank the short listed firms in accordance with the weighted criteria.

5.1.4 The final ranking and the Evaluation Committee's recommendation may then be reported to the City Manager for consideration of contract award.

5.2 Evaluation Criteria

5.2.1 The City uses a mathematical formula to determine the scoring for each individual responsive and responsible firm based on the weighted criteria stated herein. Each evaluation committee member will rank each firm by criteria, giving their first ranked firm a number 1, the second ranked firm a number 2, and so on. The City shall multiply that average ranking by the weighted criterion identified herein to determine the total the points for each proposer. The lowest average final ranking score will determine the recommendation by the evaluation committee to the City Manager.

5.2.2 Weighted Criteria

A.	Size, accessibility, adequacy and quality of DHMO and DPPO provider networks in Broward, Miami-Dade, Palm Beach and Monroe Counties with minimal displacement of existing network providers; national DHMO and DPPO network for retirees	30%
B.	The level of benefits for the DHMO plan; the satisfaction level of existing employer clients, members and network providers; the ability to provide the requested experience and utilization data	20%
C.	The level of benefits for the indemnity DPPO plan; the satisfaction level of existing employer clients, members and network providers; the ability to provide the requested experience and utilization data	20%
D.	Total premium cost including rate guarantees and renewal caps	30%
	TOTAL PERCENT AVAILABLE	100%

5.3 Contract Award

The City reserves the right to award a contract to that Contractor who will best serve the interest of the City. The City reserves the right, based upon its deliberations and in its opinion, to accept or reject any or all proposals. The City also reserves the right to waive minor irregularities or variations of the submittal requirements and RFP process.

END OF SECTION

SECTION VI - COST PROPOSAL PAGE**Proposer Name:** _____

Proposer agrees to supply the products and services at the prices bid below in accordance with the terms, conditions and specifications contained in this RFP.

	Fully-Insured DHMO for Management & Teamsters	Fully-Insured DPPO for Management & Teamsters	Fully-Insured DPPO for Firefighters
Employee Only	_____	_____	_____
Employee + Spouse	_____	_____	_____
Employee + Child or Children	_____	_____	_____
Employee + Family	_____	_____	_____

The premiums listed above are guaranteed for

1 year _____ 2 years _____ 3 years _____ 4 years _____ 5 years _____

Rate cap and details for any renewal not guaranteed:

Multi-year guarantees (especially 3 years) are preferred and will be factored into the evaluation.

Submitted by:

Name (printed)

Signature

Date

Title

SECTION VII - NETWORK INFORMATION

Network Summary

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

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

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

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

Specific Dentist Network

We have attached an Excel file, *specific providers.xlsx*, with two lists of providers:

- DHMO providers with members assigned
- DPPO providers utilized by City members. Please indicate which of these providers participate in your company's DPPO or DHMO network.

Include the completed form in your proposal. Also provide the completed form in Excel format on a Flash Drive.

SECTION VIII - REFERENCES

Provide references for **four (4) current clients.** We would prefer that these be Florida public sector employers with more than 500 subscribers.

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

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

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

Reference Form, continued

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

The above four references are from **current clients** with whom your firm has contracts. Please provide two (2) references from **former clients** with whom your company may no longer have the contract or contract expired within the past 12 months. We would prefer that these be Florida public sector employers with more than 500 subscribers.

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

SECTION IX - UNDERWRITING INFORMATION**DHMO & DPPO Monthly Rates - City Plan**

City Plan				
DPPO				
Year	2003 - 2006	3/1/2007 - 12/31/10	1/1/2011 - 12/31/2013	1/1/2014 - 12/31/2015
Company	Guardian	Safeguard	Humana	Humana
Employee	\$44.55	\$46.02	\$43.03	\$46.38
Employee + Spouse	\$86.00	\$86.22	\$80.63	\$86.90
Employee + Child(ren)	\$90.00	\$88.64	\$82.89	\$89.34
Employee + Family	\$120.00	\$111.72	\$104.48	\$112.61
DHMO				
Employee	\$16.87	\$13.48	\$15.21	\$15.21
Employee + Spouse	\$32.84	\$23.59	\$26.62	\$26.62
Employee + Child(ren)	\$31.89	\$28.31	31.95	\$31.95
Employee + Family	\$51.46	\$39.77	\$44.87	\$44.78

DPPO			
Year	1/1/2015 - 12/31/2015	1/1/2016 - 12/31/2016	1/1/2017 - 12/31/2017
Company	Humana	Humana	Humana
Employee	\$47.75	\$50.14	\$52.64
Employee + Spouse	\$89.47	\$93.94	\$98.64
Employee + Child(ren)	\$91.97	\$96.57	\$101.40
Employee + Family	\$115.93	\$121.73	\$127.81
DHMO			
Employee	\$15.21	\$15.97	\$16.77
Employee + Spouse	\$26.62	\$27.95	\$29.35
Employee + Child(ren)	\$31.95	\$33.55	\$35.22
Employee + Family	\$44.78	\$47.02	\$49.37

DPPO - Firefighters

Firefighters					
DPPO	2008-2011	2012-2013	2014-2015*	2016	2017
Employee Only	\$43.05	\$44.35	\$27.33	\$29.41	\$30.88
Employee + Spouse	\$47.28	\$49.92	\$49.95	\$53.76	\$56.45
Employee + Child(ren)	\$47.17	\$49.79	\$44.30	\$47.67	\$50.05
Employee + Family	\$52.98	\$57.44	\$78.26	\$84.21	\$88.42

Dental Experience

The Humana DPPO and DHMO experience has been attached along with a file of account numbers (*account number reference.xlsx*). Experience files include

2013-2014 claims(ppo).pdf
CITY OF FORT LAUDERDALE 573978 DENTAL PAID DEC 2015.pdf
City of Fort Lauderdale Dental PVC ASO Reporting Package Dec 2016.xlsx
City of Fort Lauderdale Dental PVC Network Savings Dec 2016.xlsx
City of Ft Lauderdale 573978 Dental PVC and CAR and Matrix Dec 2016.xlsx
Claims by Plan 08312015 (excluding dhmo).pdf

Census

A census has been attached (*dental RFP census.xlsx*) reflecting the following.

- All eligible active employees and an indication of their dental plan selections
- retirees covered under the dental plan (once retirees leave the plan they are no longer eligible to come back into the plan)

Benefit Descriptions

Details of the City's current dental benefits are found in the following files:

Benefits DHMO COFL.pdf
Benefits Firefighters PPO with Composite Rider COFL.pdf
Firefighters Traditional Preferred Certificate.pdf
HMO Certificate.pdf
Non-Firefighters PPO 09 revised.pdf
Non-Firefighters PPO Certificate.pdf

Dental Paid Claims and Membership

CITY OF FORT LAUDERDALE (#573978)

Current as of 4/2/2015

Division ID	(All)
Benefit Pkg	(Multiple Items)

Snapshot Date	Employee	Family	EE&Child	EE&Spouse	Total Subs	Total Members	Gross Premium	Paid Claims
1/1/2013	342	261	84	168	855	1,990	\$62,494.14	\$73,188.35
2/1/2013	344	261	84	166	855	1,987	\$62,456.54	\$56,123.27
3/1/2013	347	262	83	166	858	1,992	\$62,569.62	\$70,489.84
4/1/2013	339	254	84	164	841	1,951	\$61,311.17	\$57,088.87
5/1/2013	338	254	85	162	839	1,945	\$61,189.77	\$63,093.65
6/1/2013	339	253	84	161	837	1,939	\$60,964.80	\$50,960.97
7/1/2013	340	254	84	159	837	1,941	\$60,951.05	\$58,589.36
8/1/2013	338	252	83	161	834	1,936	\$60,653.77	\$57,423.53
9/1/2013	338	251	82	157	828	1,921	\$60,224.51	\$54,655.41
10/1/2013	339	248	82	154	823	1,904	\$59,712.21	\$57,528.82
11/1/2013	338	248	83	157	826	1,912	\$59,993.96	\$52,018.41
12/1/2013	339	244	84	158	825	1,905	\$59,782.59	\$48,235.29
1/1/2014	480	396	136	227	1,239	2,931	\$90,014.21	\$78,659.35
2/1/2014	479	395	136	223	1,233	2,921	\$89,511.18	\$72,220.26
3/1/2014	477	393	136	223	1,229	2,912	\$89,183.82	\$73,635.37
4/1/2014	480	395	136	219	1,230	2,918	\$89,201.05	\$94,041.92
5/1/2014	483	393	135	218	1,229	2,911	\$88,977.57	\$77,750.67
6/1/2014	480	395	135	219	1,229	2,916	\$89,137.12	\$75,511.72
7/1/2014	496	395	133	226	1,250	2,938	\$90,129.55	\$91,177.04
8/1/2014	492	392	132	225	1,241	2,920	\$89,447.59	\$86,626.67
9/1/2014	491	387	133	224	1,235	2,902	\$88,858.42	\$87,630.30
10/1/2014	488	386	135	224	1,233	2,900	\$88,745.88	\$97,664.20
11/1/2014	489	386	135	221	1,231	2,895	\$88,554.22	\$75,366.61
12/1/2014	485	385	136	223	1,229	2,894	\$88,519.41	\$91,820.93
Grand Total	9,901	7,740	2,620	4,605	24,866	58,281	\$1,802,584.15	\$1,701,500.81

Dental Paid Claims and Membership

CITY OF FORT LAUDERDALE (#573978)

Current as of 2/2/2016

Division ID	Benefit Pkg	Snapshot Date	Employee	Family	EE&Child	EE&Spouse	EE & 1 Dep	Total Subs	Total Members	Gross Premium	Paid Claims
57397801	CR3VCFL1	1/1/2015	149	89	48	58	0	344	786	\$27,036.34	\$30,598.10
		2/1/2015	147	90	46	58	0	341	782	\$26,872.83	\$28,602.95
		3/1/2015	147	90	46	57	0	340	780	\$26,783.36	\$36,060.63
		4/1/2015	145	90	46	57	0	338	778	\$26,687.86	\$27,835.92
		5/1/2015	145	89	45	57	0	336	773	\$26,479.96	\$25,394.70
		6/1/2015	145	89	45	58	0	337	776	\$26,569.43	\$24,852.51
		7/1/2015	146	89	44	58	0	337	775	\$26,525.21	\$13,160.16
		8/1/2015	147	89	43	57	0	336	771	\$26,391.52	\$21,445.30
		9/1/2015	147	87	43	57	0	334	765	\$26,275.59	\$22,435.81
		10/1/2015	147	87	43	57	0	334	765	\$26,159.66	\$27,860.75
		11/1/2015	147	86	43	57	0	333	762	\$26,043.73	\$17,477.98
		12/1/2015	147	85	42	57	0	331	756	\$25,835.83	\$28,338.71
	CR3VCFL1 Total		1,759	1,060	534	688	0	4,041	9,269	\$317,661.32	\$304,063.52
	FL3V0735	1/1/2015	172	77	67	54	0	370	775	\$9,642.31	\$0.00
		2/1/2015	171	77	67	54	0	369	774	\$9,627.10	\$0.00
		3/1/2015	171	77	66	53	0	367	770	\$9,568.53	\$0.00
		4/1/2015	171	77	66	52	0	366	768	\$9,541.91	\$0.00
		5/1/2015	170	77	66	52	0	365	767	\$9,526.70	\$0.00
		6/1/2015	176	76	66	52	0	370	769	\$9,573.18	\$0.00
		7/1/2015	173	75	66	53	0	367	764	\$9,509.39	\$0.00
		8/1/2015	173	75	66	52	0	366	762	\$9,482.77	\$0.00
		9/1/2015	173	75	66	51	0	365	760	\$9,456.15	\$0.00
		10/1/2015	171	75	65	51	0	362	753	\$9,393.78	\$0.00
		11/1/2015	169	74	63	49	0	355	740	\$9,201.44	\$0.00
		12/1/2015	169	74	62	49	0	354	738	\$9,169.49	\$0.00
	FL3V0735 Total		2,059	909	786	622	0	4,376	9,140	\$113,692.75	\$0.00
57397801 Total			3,818	1,969	1,320	1,310	0	8,417	18,409	\$431,354.07	\$304,063.52
57397802	CR3ECFL1	1/1/2015	125	160	37	63	0	385	995	\$33,530.59	\$34,629.55
		2/1/2015	125	157	37	63	0	382	982	\$33,209.26	\$38,327.26
		3/1/2015	122	157	37	63	0	379	979	\$33,066.01	\$23,562.21
		4/1/2015	122	155	36	62	0	375	967	\$32,652.71	\$36,857.07
		5/1/2015	120	154	37	62	0	373	963	\$32,533.25	\$28,880.40
		6/1/2015	119	154	38	66	0	377	975	\$32,935.35	\$26,788.47
		7/1/2015	119	154	38	66	0	377	975	\$32,935.35	\$31,347.40
		8/1/2015	118	152	39	65	0	374	966	\$32,658.24	\$34,154.45
		9/1/2015	117	152	38	64	0	371	960	\$32,313.12	\$24,532.11
		10/1/2015	116	151	38	64	0	369	955	\$32,265.37	\$27,399.23

CAM 17-0756

Exhibit 1

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57397802	CR3ECFL1	11/1/2015	113	150	39	61	0	363	944	\$31,829.75	\$23,580.32
		12/1/2015	112	151	39	61	0	363	947	\$31,897.93	\$37,458.90
	CR3ECFL1 Total		1,428	1,847	453	760	0	4,488	11,608	\$391,826.93	\$367,517.37
	FL3E1089	1/1/2015	35	27	5	14	0	81	180	\$2,273.84	\$0.00
		2/1/2015	35	25	5	14	0	79	174	\$2,184.28	\$0.00
		3/1/2015	35	24	5	14	0	78	168	\$2,139.50	\$0.00
		4/1/2015	34	24	5	14	0	77	167	\$2,124.29	\$0.00
		5/1/2015	34	24	5	14	0	77	167	\$2,124.29	\$0.00
		6/1/2015	37	23	6	12	0	78	164	\$2,103.85	\$0.00
		7/1/2015	38	24	6	12	0	80	168	\$2,163.84	\$0.00
		8/1/2015	39	23	6	12	0	80	165	\$2,134.27	\$0.00
		9/1/2015	38	23	6	12	0	79	164	\$2,119.06	\$0.00
		10/1/2015	38	23	6	12	0	79	164	\$2,119.06	\$0.00
11/1/2015		38	23	7	12	0	80	166	\$2,151.01	\$0.00	
12/1/2015	37	23	7	12	0	79	165	\$2,135.80	\$0.00		
FL3E1089 Total		438	286	69	154	0	947	2,012	\$25,773.09	\$0.00	
57397802 Total			1,866	2,133	522	914	0	5,435	13,620	\$417,600.02	\$367,517.37
57397803	CR3ECFL1	1/1/2015	13	2	8	2	0	25	48	\$1,767.31	\$3,868.00
		2/1/2015	13	2	8	2	0	25	48	\$1,767.31	\$2,960.85
		3/1/2015	13	2	8	2	0	25	48	\$1,767.31	\$963.84
		4/1/2015	13	2	8	2	0	25	48	\$1,767.31	\$3,723.58
		5/1/2015	13	2	8	2	0	25	48	\$1,767.31	\$1,639.09
		6/1/2015	13	1	7	1	0	22	39	\$1,469.94	\$3,356.20
		7/1/2015	13	1	7	1	0	22	39	\$1,469.94	\$1,628.40
		8/1/2015	12	1	7	1	0	21	38	\$1,422.19	\$2,638.20
		9/1/2015	11	1	7	1	0	20	37	\$1,374.44	\$284.97
		10/1/2015	11	1	7	1	0	20	37	\$1,374.44	\$479.20
		11/1/2015	11	1	6	1	0	19	35	\$1,282.47	\$2,969.60
		12/1/2015	11	1	6	1	0	19	35	\$1,282.47	\$2,105.00
	CR3ECFL1 Total		147	17	87	17	0	268	500	\$18,512.44	\$26,616.93
	FL3E1089	1/1/2015	7	1	1	2	0	11	18	\$236.44	\$0.00
		2/1/2015	7	1	1	2	0	11	18	\$236.44	\$0.00
		3/1/2015	7	1	1	2	0	11	18	\$236.44	\$0.00
		4/1/2015	7	1	1	2	0	11	18	\$236.44	\$0.00
		5/1/2015	7	1	1	2	0	11	18	\$236.44	\$0.00
		6/1/2015	10	2	2	2	0	16	27	\$358.80	\$0.00
		7/1/2015	10	2	2	2	0	16	27	\$358.80	\$0.00
		8/1/2015	10	2	2	2	0	16	27	\$358.80	\$0.00
9/1/2015		10	2	1	2	0	15	25	\$326.85	\$0.00	

57397803	FL3E1089	10/1/2015	10	2	1	2	0	15	25	\$326.85	\$0.00
		11/1/2015	10	2	1	2	0	15	25	\$326.85	\$0.00
		12/1/2015	10	2	1	2	0	15	25	\$326.85	\$0.00
	FL3E1089 Total		105	19	15	24	0	163	271	\$3,566.00	\$0.00
57397803 Total			252	36	102	41	0	431	771	\$22,078.44	\$26,616.93
57397805	CR3ECFL1	7/1/2015	1	0	0	0	0	1	1	\$47.75	\$0.00
		8/1/2015	1	0	0	0	0	1	1	\$47.75	\$0.00
		9/1/2015	1	0	0	0	0	1	1	\$47.75	\$0.00
		10/1/2015	1	0	0	0	0	1	1	\$47.75	\$0.00
		11/1/2015	1	0	0	0	0	1	1	\$47.75	\$0.00
		12/1/2015	1	0	0	0	0	1	1	\$47.75	\$0.00
	CR3ECFL1 Total		6	0	0	0	0	6	6	\$286.50	\$0.00
FL3E1089	10/1/2015	1	0	0	0	0	1	1	\$15.21	\$0.00	
FL3E1089 Total		1	0	0	0	0	1	1	\$15.21	\$0.00	
57397805 Total			7	0	0	0	0	7	7	\$301.71	\$0.00
57397806	CR3VCFL1	1/1/2015	99	14	2	59	0	174	267	\$11,812.94	\$14,702.54
		2/1/2015	98	14	2	59	0	173	266	\$11,765.19	\$7,823.31
		3/1/2015	97	13	2	59	0	171	262	\$11,601.51	\$6,892.66
		4/1/2015	97	13	2	58	0	170	260	\$11,512.04	\$9,356.68
		5/1/2015	96	13	2	58	0	169	259	\$11,464.29	\$10,539.60
		6/1/2015	99	15	2	58	0	174	267	\$11,839.40	\$9,731.80
		7/1/2015	99	15	2	57	0	173	265	\$11,749.93	\$8,410.01
		8/1/2015	99	15	2	56	0	172	263	\$11,660.46	\$10,513.11
		9/1/2015	98	15	2	56	0	171	262	\$11,612.71	\$6,313.10
		10/1/2015	95	15	2	56	0	168	259	\$11,469.46	\$6,963.39
		11/1/2015	94	15	2	57	0	168	260	\$11,511.18	\$14,050.20
		12/1/2015	93	15	2	57	0	167	259	\$11,463.43	\$8,855.95
	CR3VCFL1 Total		1,164	172	24	690	0	2,050	3,149	\$139,462.54	\$114,152.35
	FL3V0735	1/1/2015	38	4	2	18	0	62	94	\$1,300.16	\$0.00
2/1/2015		38	4	2	18	0	62	94	\$1,300.16	\$0.00	
3/1/2015		39	4	1	18	0	62	93	\$1,283.42	\$0.00	
4/1/2015		39	5	1	18	0	63	98	\$1,328.20	\$0.00	
5/1/2015		39	5	1	18	0	63	98	\$1,328.20	\$0.00	
6/1/2015		39	5	1	18	0	63	98	\$1,328.20	\$0.00	
7/1/2015		40	5	1	18	0	64	99	\$1,343.41	\$0.00	
8/1/2015		40	5	1	18	0	64	99	\$1,343.41	\$0.00	
9/1/2015		41	5	1	18	0	65	100	\$1,358.62	\$0.00	
10/1/2015		41	5	1	18	0	65	100	\$1,358.62	\$0.00	

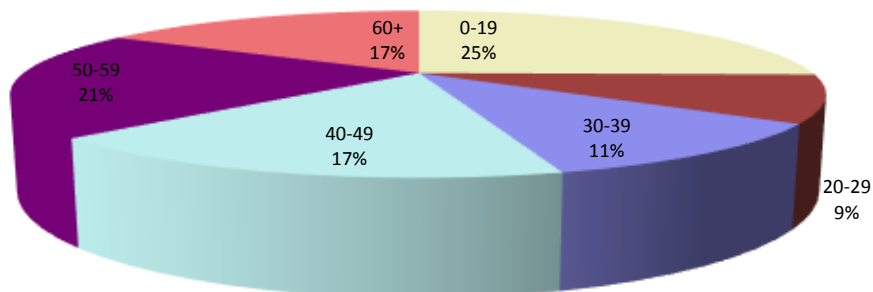
57397806	FL3V0735	11/1/2015	43	5	1	18	0	67	102	\$1,389.04	\$0.00
		12/1/2015	43	5	1	18	0	67	102	\$1,389.04	\$0.00
	FL3V0735 Total		480	57	14	216	0	767	1,177	\$16,050.48	\$0.00
57397806 Total			1,644	229	38	906	0	2,817	4,326	\$155,513.02	\$114,152.35
57397807	CR3VCFL1	1/1/2015	1	0	0	0	0	1	1	\$47.75	\$0.00
		2/1/2015	1	0	0	0	0	1	1	\$47.75	\$250.00
		3/1/2015	1	0	0	0	0	1	1	\$47.75	\$0.00
		4/1/2015	1	0	0	0	0	1	1	\$47.75	\$750.00
		5/1/2015	1	0	0	0	0	1	1	\$47.75	\$0.00
		6/1/2015	0	0	0	0	0	0	0	\$0.00	\$500.00
	CR3VCFL1 Total		5	0	0	0	0	5	5	\$238.75	\$1,500.00
	FL3V0735	1/1/2015	1	0	1	0	0	2	3	\$47.16	\$0.00
		2/1/2015	1	0	1	0	0	2	3	\$47.16	\$0.00
		3/1/2015	1	0	1	0	0	2	3	\$47.16	\$0.00
		4/1/2015	1	0	1	0	0	2	3	\$47.16	\$0.00
		5/1/2015	1	0	1	0	0	2	3	\$47.16	\$0.00
		6/1/2015	1	0	1	0	0	2	3	\$47.16	\$0.00
		7/1/2015	1	0	1	0	0	2	3	\$47.16	\$0.00
		8/1/2015	1	0	1	0	0	2	3	\$47.16	\$0.00
		9/1/2015	1	0	1	0	0	2	3	\$47.16	\$0.00
		10/1/2015	1	0	1	0	0	2	3	\$47.16	\$0.00
		11/1/2015	1	0	1	0	0	2	3	\$47.16	\$0.00
		12/1/2015	1	0	1	0	0	2	3	\$47.16	\$0.00
	FL3V0735 Total		12	0	12	0	0	24	36	\$565.92	\$0.00
57397807 Total			17	0	12	0	0	29	41	\$804.67	\$1,500.00
57397808	CR3ECFL3	1/1/2015	114	129	36	31	0	310	812	\$16,760.54	\$12,248.08
		2/1/2015	114	128	36	31	0	309	808	\$16,680.34	\$16,258.10
		3/1/2015	115	128	36	30	0	309	807	\$16,657.15	\$17,976.29
		4/1/2015	115	128	36	30	0	309	807	\$16,657.15	\$21,562.31
		5/1/2015	112	125	36	30	0	303	792	\$16,332.52	\$17,679.40
		6/1/2015	118	126	37	32	0	313	811	\$16,728.58	\$13,445.72
		7/1/2015	119	126	38	31	0	314	813	\$16,750.79	\$15,591.00
		8/1/2015	119	127	37	30	0	313	812	\$16,734.39	\$20,037.77
		9/1/2015	119	127	37	30	0	313	812	\$16,734.39	\$17,559.64
		10/1/2015	119	127	36	30	0	312	809	\$16,688.99	\$20,079.68
		11/1/2015	119	126	36	30	0	311	806	\$16,608.79	\$16,123.80
		12/1/2015	119	124	36	30	0	309	798	\$16,448.39	\$18,292.52
	CR3ECFL3 Total		1,402	1,521	437	365	0	3,725	9,687	\$199,782.02	\$206,854.31

57397808 Total			1,402	1,521	437	365	0	3,725	9,687	\$199,782.02	\$206,854.31
57397809	CR3ECFL3	1/1/2015	27	13	2	16	0	58	113	\$2,708.87	\$3,540.08
		2/1/2015	27	13	2	16	0	58	113	\$2,708.87	\$3,271.40
		3/1/2015	27	13	2	16	0	58	113	\$2,708.87	\$3,065.20
		4/1/2015	27	13	2	16	0	58	113	\$2,708.87	\$4,361.64
		5/1/2015	26	14	2	16	0	58	116	\$2,761.06	\$4,192.22
		6/1/2015	26	14	2	16	0	58	116	\$2,761.06	\$2,984.80
		7/1/2015	26	14	2	16	0	58	116	\$2,761.06	\$2,685.84
		8/1/2015	26	14	2	16	0	58	116	\$2,761.06	\$2,185.62
		9/1/2015	26	14	2	16	0	58	116	\$2,761.06	\$1,581.02
		10/1/2015	26	14	2	16	0	58	116	\$2,761.06	\$4,975.18
		11/1/2015	26	15	2	16	0	59	119	\$2,841.26	\$2,229.54
		12/1/2015	26	15	2	16	0	59	119	\$2,841.26	\$3,827.21
CR3ECFL3 Total		316	166	24	192	0	698	1,386	\$33,084.36	\$38,899.75	
57397809 Total			316	166	24	192	0	698	1,386	\$33,084.36	\$38,899.75
57397810	CR3ECFL3	1/1/2015	1	0	1	0	0	2	4	\$73.41	\$0.00
		2/1/2015	1	0	1	0	0	2	4	\$73.41	\$0.00
		3/1/2015	1	0	1	0	0	2	4	\$73.41	\$210.00
		4/1/2015	1	0	1	0	0	2	4	\$73.41	\$0.00
		5/1/2015	1	0	1	0	0	2	4	\$73.41	\$139.00
		6/1/2015	1	0	1	0	0	2	4	\$73.41	\$0.00
		7/1/2015	1	0	1	0	0	2	4	\$73.41	\$0.00
		8/1/2015	1	0	1	0	0	2	4	\$73.41	\$0.00
		9/1/2015	1	0	1	0	0	2	4	\$73.41	\$0.00
		10/1/2015	1	0	1	0	0	2	4	\$73.41	\$172.00
		11/1/2015	1	0	1	0	0	2	4	\$73.41	\$0.00
		12/1/2015	1	0	1	0	0	2	4	\$73.41	\$201.00
CR3ECFL3 Total		12	0	12	0	0	24	48	\$880.92	\$722.00	
57397810 Total			12	0	12	0	0	24	48	\$880.92	\$722.00
Grand Total			9,334	6,054	2,467	3,728	0	21,583	48,295	\$1,261,399.23	\$1,060,326.23



Age Distribution
CITY OF FORT LAUDERDALE - 573978

1/01/2016 - 12/31/2016

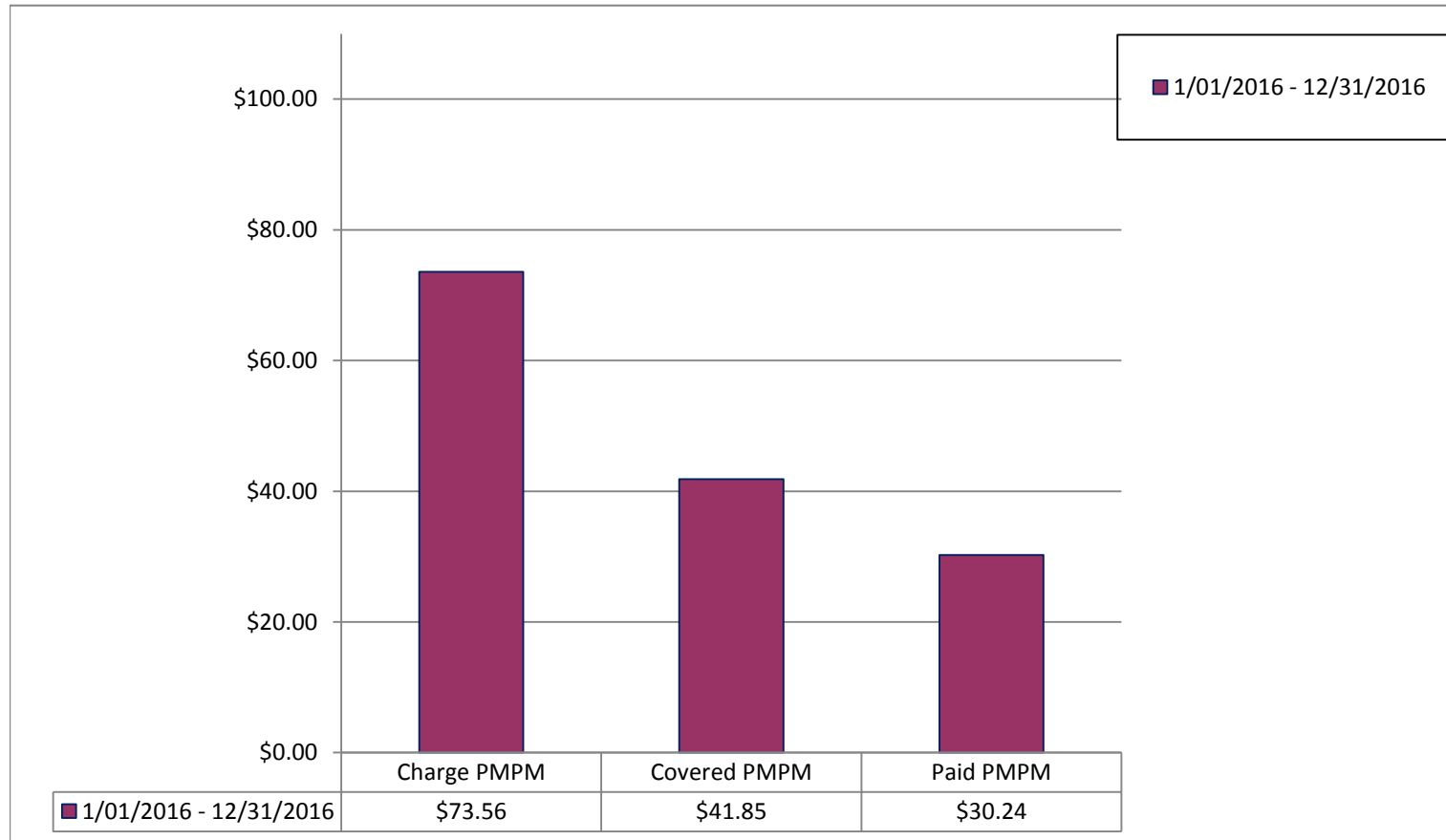


Claims Paid 1/01/2016 - 12/31/2016

Data	0-19	20-29	30-39	40-49	50-59	60+	Grand Total
Service Units	5,252	1,554	1,853	2,957	3,185	2,525	17,326
Charged	\$606,077	\$284,839	\$298,785	\$463,427	\$553,763	\$485,872	\$2,692,763
Covered	\$367,637	\$132,990	\$160,923	\$257,776	\$338,273	\$274,378	\$1,531,978
Final Liability	\$280,076	\$101,548	\$122,878	\$191,551	\$228,032	\$182,866	\$1,106,952
Deductible	\$7,014	\$3,114	\$6,200	\$8,374	\$8,597	\$8,467	\$41,766
Coinsurance	\$68,750	\$19,772	\$23,900	\$38,593	\$47,478	\$47,024	\$245,517

**Paid Charge, Covered, and Final Liability Costs Over Time**

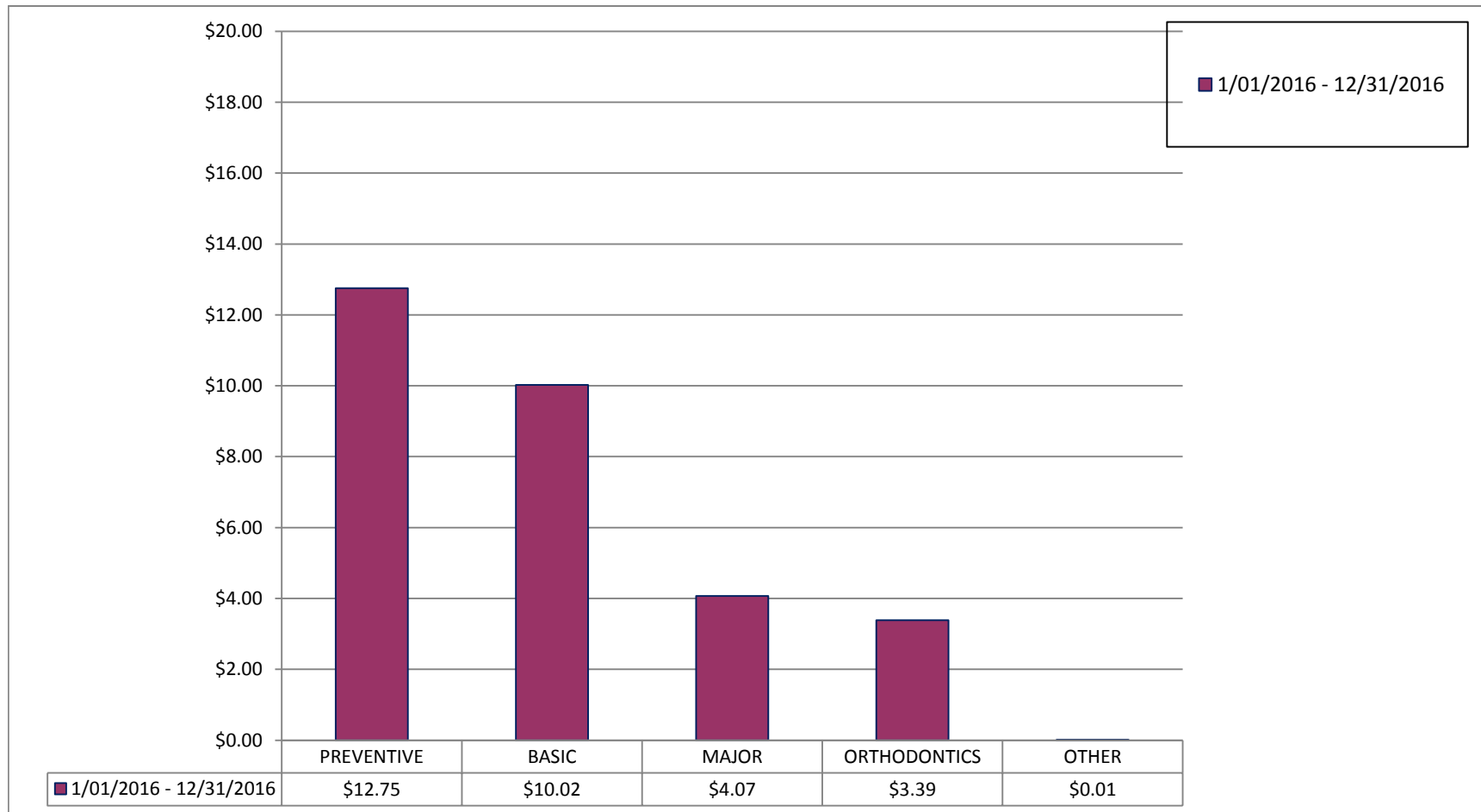
CITY OF FORT LAUDERDALE - 573978





Paid Dental Benefits - Final Liability Per Member Per Month

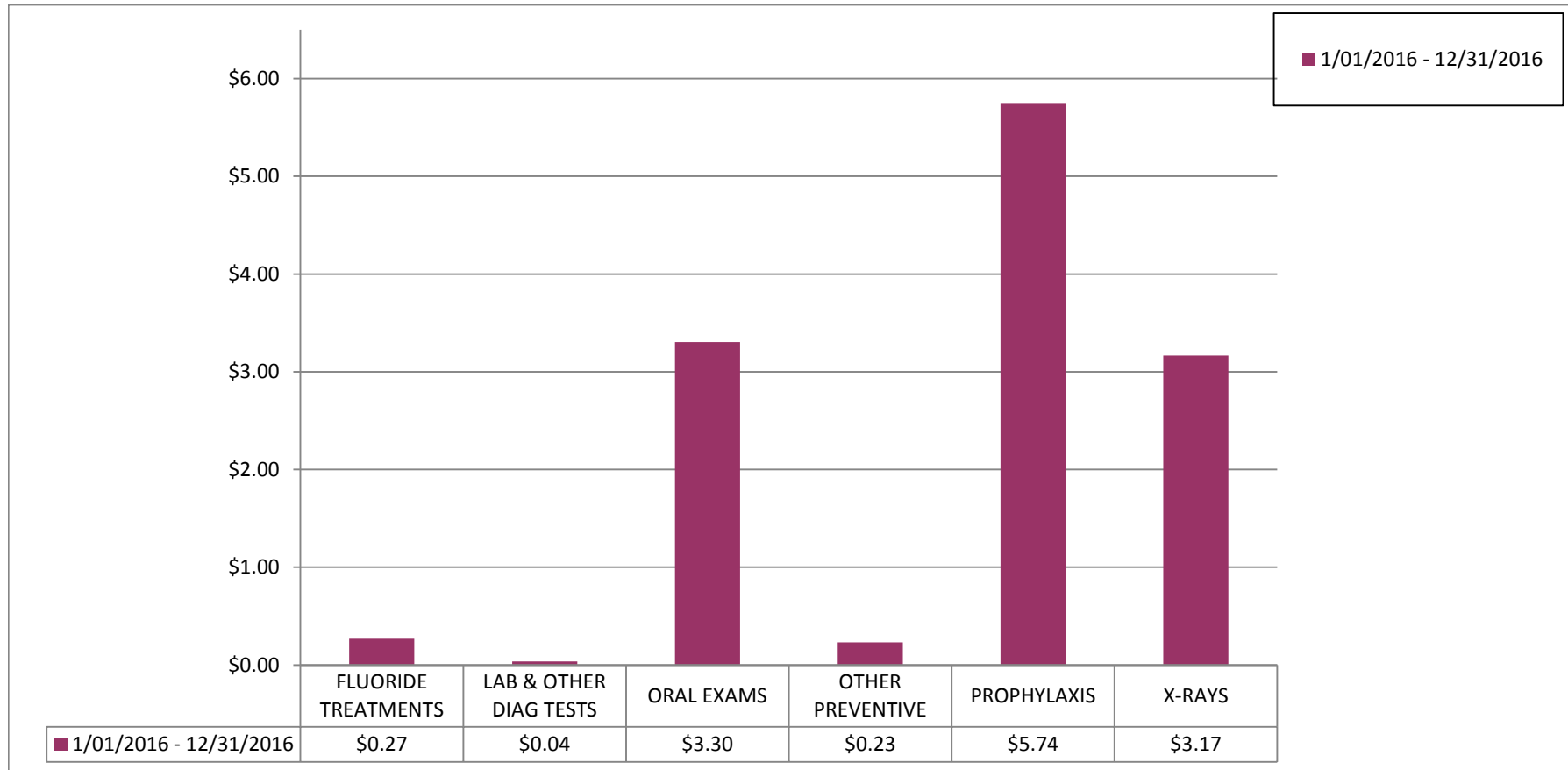
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Paid Preventive Benefit - Final Liability Per Member Per Month

CITY OF FORT LAUDERDALE - 573978

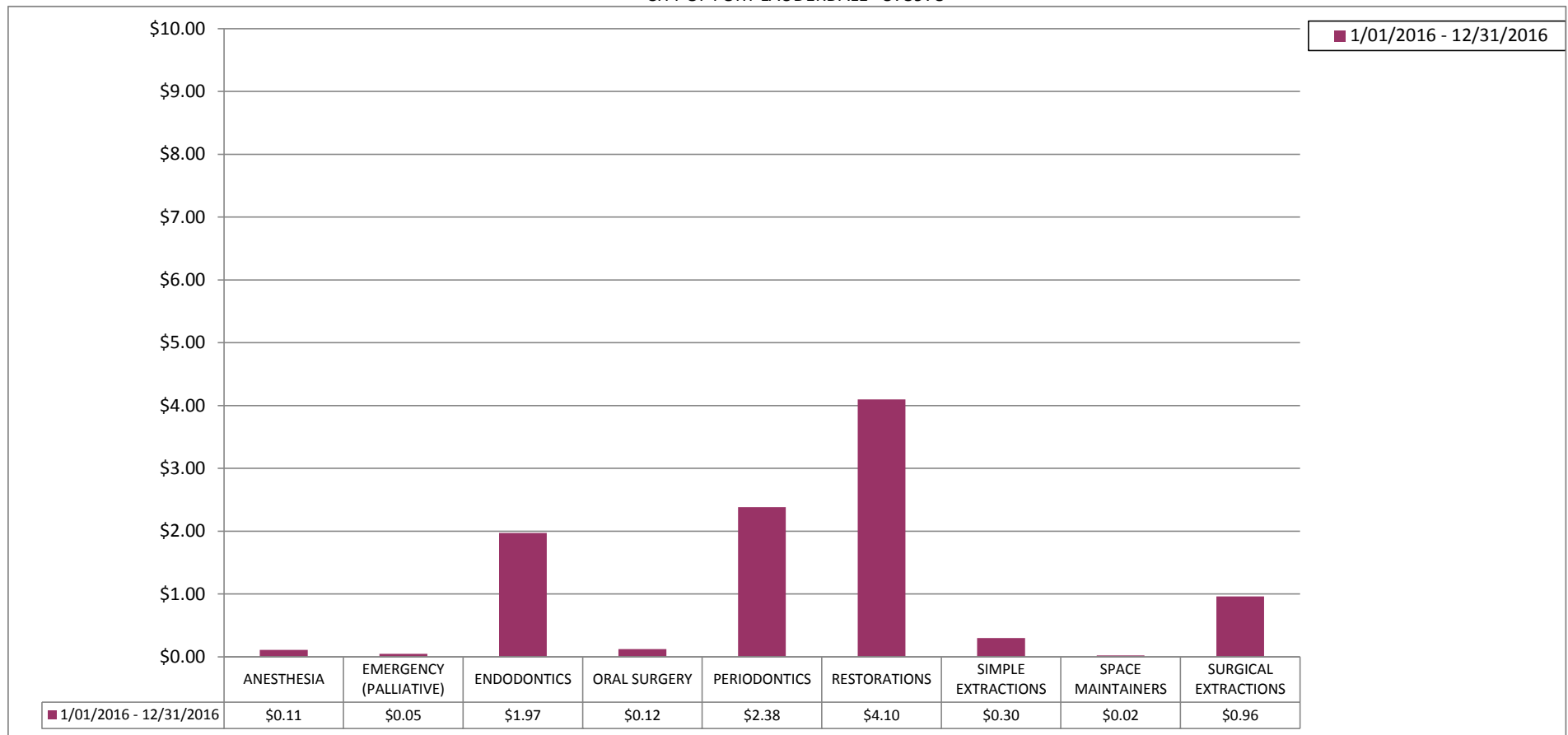


Note: Service category groupings are based on a standard product offering and are not group specific.



Paid Basic Benefit - Final Liability Per Member Per Month

CITY OF FORT LAUDERDALE - 573978

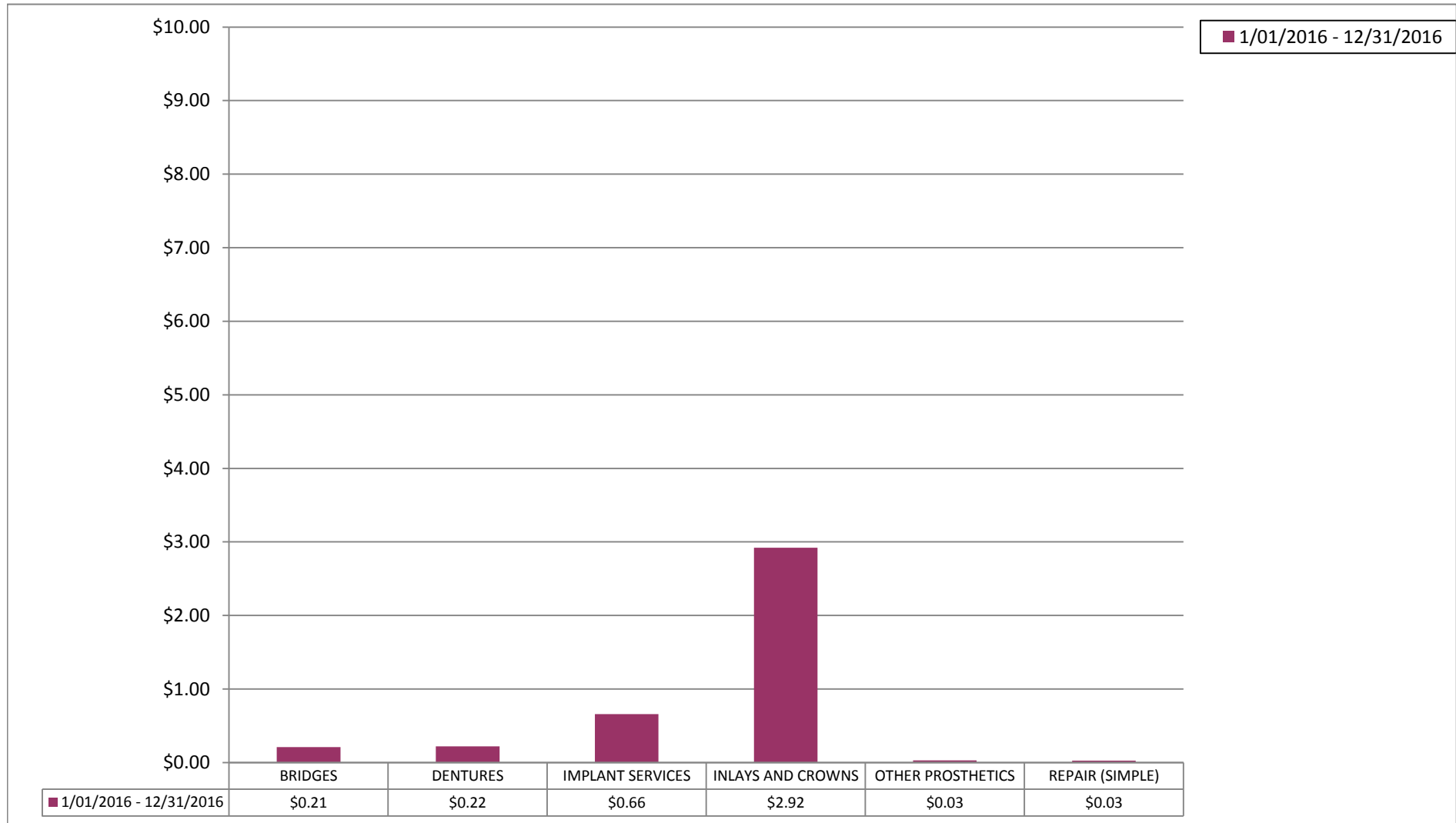


Note: Service category groupings are based on a standard product offering and are not group specific.



Paid Major Benefit - Final Liability Per Member Per Month

CITY OF FORT LAUDERDALE - 573978

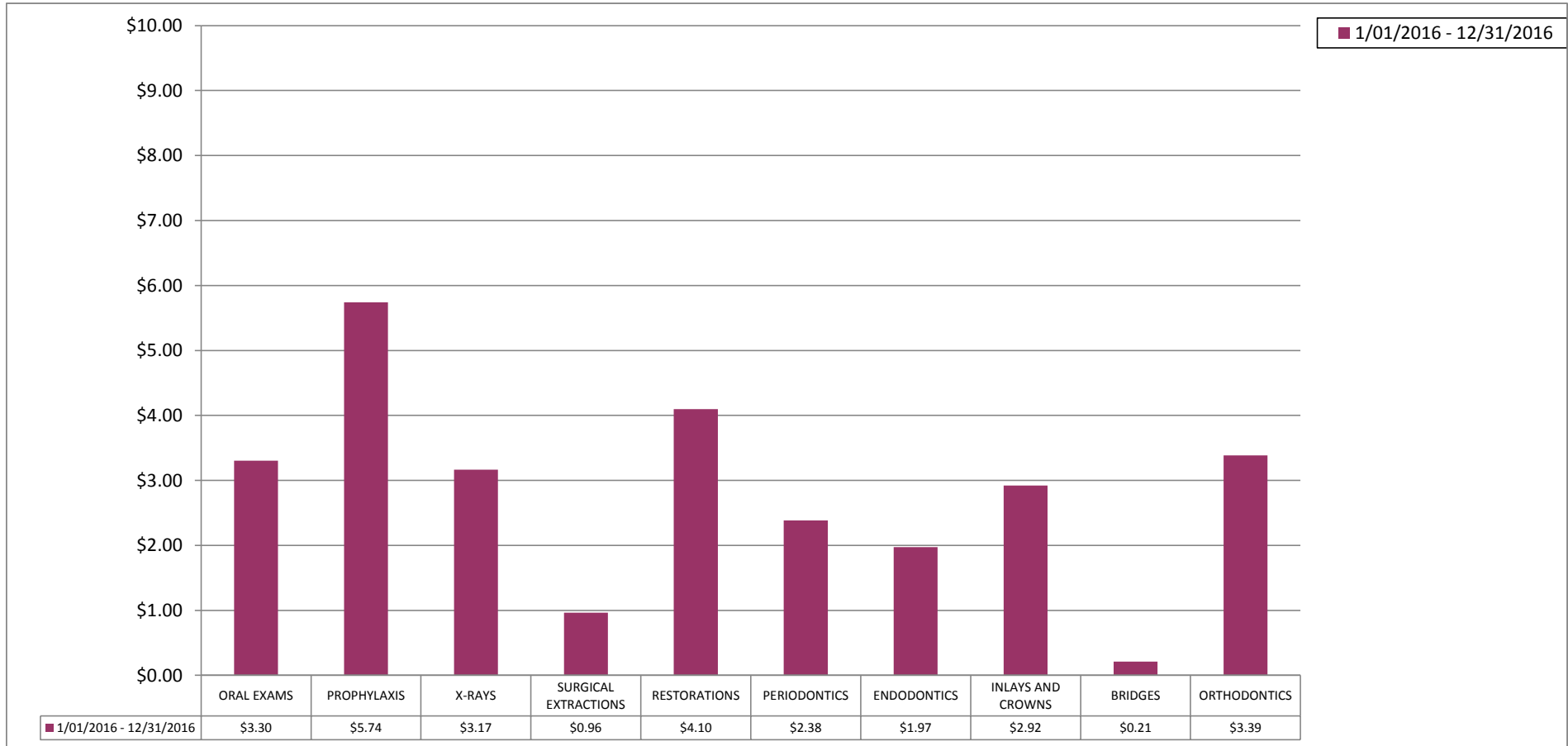


Note: Service category groupings are based on a standard product offering and are not group specific.



Paid Top 10 Dental Benefits - Final Liability Per Member Per Month

CITY OF FORT LAUDERDALE - 573978



**Paid Claims by Benefit**

CITY OF FORT LAUDERDALE - 573978

1/01/2016 - 12/31/2016

Member Months: 36,607

Benefit	Utilization: Number of Procedures	Annual Utilization Per 1000 Members	Average Charge	Charge Per Member Per Month	Average Covered	Covered Per Member Per Month	Average Final Liability	Final Liability Per Member Per Month
PREVENTIVE								
FLUORIDE TREATMENTS	672	220.29	\$38.48	\$0.71	\$14.74	\$0.27	\$14.74	\$0.27
LAB & OTHER DIAG TESTS	77	25.24	\$71.77	\$0.15	\$18.31	\$0.04	\$17.79	\$0.04
ORAL EXAMS	3,405	1,116.18	\$65.88	\$6.13	\$35.95	\$3.34	\$35.51	\$3.30
OTHER PREVENTIVE	445	145.87	\$55.85	\$0.68	\$19.29	\$0.23	\$19.07	\$0.23
PROPHYLAXIS	3,294	1,079.79	\$90.28	\$8.12	\$64.72	\$5.82	\$63.81	\$5.74
X-RAYS	3,641	1,193.54	\$56.02	\$5.57	\$33.06	\$3.29	\$31.84	\$3.17
PREVENTIVE Subtotal	11,534	3,780.91	\$67.79	\$21.36	\$41.26	\$13.00	\$40.47	\$12.75
BASIC								
ANESTHESIA	132	43.27	\$188.15	\$0.68	\$62.40	\$0.23	\$31.06	\$0.11
EMERGENCY (PALLIATIVE)	31	10.16	\$89.71	\$0.08	\$59.42	\$0.05	\$57.35	\$0.05
ENDODONTICS	190	62.28	\$788.52	\$4.09	\$527.71	\$2.74	\$380.26	\$1.97
ORAL SURGERY	53	17.37	\$438.32	\$0.63	\$131.49	\$0.19	\$85.95	\$0.12
PERIODONTICS	1,301	426.48	\$211.69	\$7.52	\$92.79	\$3.30	\$67.03	\$2.38
RESTORATIONS	1,452	475.97	\$225.75	\$8.95	\$136.02	\$5.40	\$103.33	\$4.10
SIMPLE EXTRACTIONS	125	40.98	\$198.00	\$0.68	\$122.18	\$0.42	\$87.90	\$0.30
SPACE MAINTAINERS	5	1.64	\$318.20	\$0.04	\$276.60	\$0.04	\$152.60	\$0.02
SURGICAL EXTRACTIONS	249	81.62	\$378.11	\$2.57	\$185.94	\$1.26	\$141.73	\$0.96
BASIC Subtotal	3,538	1,159.77	\$261.26	\$25.25	\$140.89	\$13.62	\$103.72	\$10.02
MAJOR								
BRIDGES	56	18.36	\$1,125.32	\$1.72	\$421.77	\$0.65	\$138.09	\$0.21
DENTURES	17	5.57	\$1,537.88	\$0.71	\$853.24	\$0.40	\$472.12	\$0.22
IMPLANT SERVICES	90	29.50	\$1,484.36	\$3.65	\$673.98	\$1.66	\$267.53	\$0.66
INLAYS AND CROWNS	594	194.72	\$656.25	\$10.65	\$375.19	\$6.09	\$180.04	\$2.92
OTHER PROSTHETICS	14	4.59	\$297.38	\$0.11	\$85.86	\$0.03	\$75.98	\$0.03
REPAIR (SIMPLE)	8	2.62	\$241.63	\$0.05	\$182.88	\$0.04	\$128.76	\$0.03
MAJOR Subtotal	779	255.36	\$794.18	\$16.90	\$416.32	\$8.86	\$191.11	\$4.07
ORTHODONTICS								
ORTHODONTICS	1,213	397.63	\$281.86	\$9.34	\$192.03	\$6.36	\$102.20	\$3.39
ORTHODONTICS Subtotal	1,213	397.63	\$281.86	\$9.34	\$192.03	\$6.36	\$102.20	\$3.39
OTHER								
DRUGS	110	36.06	\$61.45	\$0.18	\$0.00	\$0.00	\$0.00	\$0.00
MISCELLANEOUS SERVICES	109	35.73	\$111.28	\$0.33	\$0.00	\$0.00	\$0.00	\$0.00
PROFESSIONAL CONSULTATION	16	5.24	\$120.88	\$0.05	\$22.94	\$0.01	\$22.94	\$0.01
PROFESSIONAL VISITS	3	0.98	\$55.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OTHER Subtotal	238	78.02	\$88.18	\$0.57	\$1.54	\$0.01	\$1.54	\$0.01
UNKNOWN								
INVESTIGATE	24	7.87	\$205.50	\$0.13	\$0.00	\$0.00	\$0.00	\$0.00
UNKNOWN Subtotal	24	7.87	\$205.50	\$0.13	\$0.00	\$0.00	\$0.00	\$0.00
Grand Total	17,326	5,679.55	\$155.42	\$73.56	\$88.42	\$41.85	\$63.89	\$30.24



Paid Claims by ADA Code
CITY OF FORT LAUDERDALE - 573978
1/01/2016 - 12/31/2016

Class	Benefit	ADA	ADA Description	Utilization: Number of Procedures	Annual Utilization per 1,000 Members	Average Charge	Charge PMPM	Average Covered	Covered PMPM	Average Final Liability	Final Liability PMPM	Charge Amount
PREVENTIVE	FLUORIDE TREATMENTS	D1204	FLUORIDE =>13	2	0.66	\$29.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$58.00
PREVENTIVE	FLUORIDE TREATMENTS	D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	118	38.68	\$42.14	\$0.14	\$9.10	\$0.03	\$9.10	\$0.03	\$4,972.00
PREVENTIVE	FLUORIDE TREATMENTS	D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VAR	552	180.95	\$37.74	\$0.57	\$15.99	\$0.24	\$15.99	\$0.24	\$20,831.00
Benefit Total				672	220.29	\$38.48	\$0.71	\$14.74	\$0.27	\$14.74	\$0.27	\$25,861.00
PREVENTIVE	LAB & OTHER DIAG TESTS	D0415	COLLECTION OR MICROORGANISMS FOR CULTURE AN	3	0.98	\$225.00	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00	\$675.00
PREVENTIVE	LAB & OTHER DIAG TESTS	D0425	CARIES SUSCEPTIBILITY TEST	1	0.33	\$125.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$125.00
PREVENTIVE	LAB & OTHER DIAG TESTS	D0431	ADJ PRE-DIAG TEST THAT AIDS IN DETECTION OF MUCI	42	13.77	\$54.12	\$0.06	\$26.33	\$0.03	\$26.48	\$0.03	\$2,272.99
PREVENTIVE	LAB & OTHER DIAG TESTS	D0460	PULP VITALITY TEST	20	6.56	\$69.25	\$0.04	\$15.20	\$0.01	\$12.90	\$0.01	\$1,385.00
PREVENTIVE	LAB & OTHER DIAG TESTS	D0470	DIAGNOSTIC CASTS	10	3.28	\$100.30	\$0.03	\$0.00	\$0.00	\$0.00	\$0.00	\$1,003.00
PREVENTIVE	LAB & OTHER DIAG TESTS	D0602	CARIES RISK ASSESSMENT & DOCUMENTATION, WITH	1	0.33	\$65.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$65.00
Benefit Total				77	25.24	\$71.77	\$0.15	\$18.31	\$0.04	\$17.79	\$0.04	\$5,525.99
PREVENTIVE	ORAL EXAMS	D0120	PERIODIC EXAM - ESTABLISHED PATIENT	2,411	790.34	\$56.03	\$3.69	\$31.21	\$2.06	\$30.92	\$2.04	\$135,084.05
PREVENTIVE	ORAL EXAMS	D0130	EMERGENCY EXAM	1	0.33	\$75.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$75.00
PREVENTIVE	ORAL EXAMS	D0140	LIMITED ORAL EXAM - PROBLEM FOCUSED	407	133.42	\$83.29	\$0.93	\$41.84	\$0.47	\$40.65	\$0.45	\$33,900.27
PREVENTIVE	ORAL EXAMS	D0145	ORAL EXAM FOR PATIENT UNDER 3YRS OLD	3	0.98	\$60.33	\$0.00	\$50.67	\$0.00	\$50.67	\$0.00	\$181.00
PREVENTIVE	ORAL EXAMS	D0150	COMPREHENSIVE EXAM - NEW OR ESTABLISHED PATIE	489	160.30	\$93.06	\$1.24	\$50.06	\$0.67	\$49.67	\$0.66	\$45,506.44
PREVENTIVE	ORAL EXAMS	D0160	DETAILED AND EXTENSIVE EXAM, PROBLEM FOCUSED	3	0.98	\$158.33	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$475.00
PREVENTIVE	ORAL EXAMS	D0170	RE-EVALUATION - LIMITED, PROBLEM FOCUSED FOR E	1	0.33	\$89.00	\$0.00	\$88.00	\$0.00	\$88.00	\$0.00	\$89.00
PREVENTIVE	ORAL EXAMS	D0180	COMPREHENSIVE PERIODONTAL EXAM - NEW OR ESTA	90	29.50	\$100.18	\$0.25	\$60.34	\$0.15	\$58.84	\$0.14	\$9,016.00
Benefit Total				3,405	1,116.18	\$65.88	\$6.13	\$35.95	\$3.34	\$35.51	\$3.30	\$224,326.76
PREVENTIVE	OTHER PREVENTIVE	D1330	ORAL HYGIENE INSTRUC	141	46.22	\$51.99	\$0.20	\$0.00	\$0.00	\$0.00	\$0.00	\$7,331.00
PREVENTIVE	OTHER PREVENTIVE	D1351	SEALANT PER TOOTH	303	99.33	\$57.67	\$0.48	\$28.34	\$0.23	\$28.01	\$0.23	\$17,473.25
PREVENTIVE	OTHER PREVENTIVE	D1352	PREVENTIVE RESIN RESTORATION IN A MODERATE TO	1	0.33	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50.00
Benefit Total				445	145.87	\$55.85	\$0.68	\$19.29	\$0.23	\$19.07	\$0.23	\$24,854.25
PREVENTIVE	PROPHYLAXIS	D1110	PROPHY/CLEANING ADULT	2,703	886.06	\$94.15	\$6.95	\$67.34	\$4.97	\$66.23	\$4.89	\$254,490.58
PREVENTIVE	PROPHYLAXIS	D1120	PROPHY/CLEANING CHILD	591	193.73	\$72.58	\$1.17	\$52.76	\$0.85	\$52.76	\$0.85	\$42,897.50
Benefit Total				3,294	1,079.79	\$90.28	\$8.12	\$64.72	\$5.82	\$63.81	\$5.74	\$297,388.08
PREVENTIVE	X-RAYS	D0210	INTRAORAL - COMPLETE SERIES X-RAY	302	99.00	\$133.44	\$1.10	\$72.92	\$0.60	\$72.94	\$0.60	\$40,299.49
PREVENTIVE	X-RAYS	D0220	INTRAORAL - PERIAPICAL X-RAY FIRST IMAGE	943	309.12	\$29.39	\$0.76	\$17.42	\$0.45	\$15.54	\$0.40	\$27,715.74
PREVENTIVE	X-RAYS	D0230	INTRAORAL - PERIAPICAL X-RAY EACH ADDITIONAL IM/	748	245.20	\$24.33	\$0.50	\$14.93	\$0.31	\$13.44	\$0.27	\$18,198.71
PREVENTIVE	X-RAYS	D0240	INTRAORAL - OCCLUSAL X-RAY	17	5.57	\$45.65	\$0.02	\$24.47	\$0.01	\$24.47	\$0.01	\$776.00
PREVENTIVE	X-RAYS	D0250	EXTRA-ORAL - 2D PROJECTION X-RAY CREATED USING	1	0.33	\$50.00	\$0.00	\$34.00	\$0.00	\$34.00	\$0.00	\$50.00
PREVENTIVE	X-RAYS	D0270	BITEWINGS - 1 XRAY	32	10.49	\$26.88	\$0.02	\$14.44	\$0.01	\$12.78	\$0.01	\$860.00
PREVENTIVE	X-RAYS	D0272	BITEWINGS - 2 XRAYS	297	97.36	\$47.31	\$0.38	\$27.60	\$0.22	\$27.51	\$0.22	\$14,050.30
PREVENTIVE	X-RAYS	D0274	BITEWINGS - 4 XRAYS	1,045	342.56	\$67.09	\$1.92	\$43.04	\$1.23	\$42.01	\$1.20	\$70,104.95
PREVENTIVE	X-RAYS	D0277	VERTICAL BITEWINGS - 7 TO 8 X-RAYS	14	4.59	\$94.07	\$0.04	\$70.64	\$0.03	\$68.68	\$0.03	\$1,317.00



CITY OF FORT LAUDERDALE - 573978
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Class	Benefit	ADA	ADA Description	Utilization: Number of Procedures	Annual Utilization per 1,000 Members	Average Charge	Charge PMPM	Average Covered	Covered PMPM	Average Final Liability	Final Liability PMPM	Charge Amount
PREVENTIVE	X-RAYS	D0330	PANORAMIC X-RAY	207	67.86	\$123.00	\$0.70	\$75.79	\$0.43	\$73.91	\$0.42	\$25,461.46
PREVENTIVE	X-RAYS	D0350	2D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED IN	18	5.90	\$63.78	\$0.03	\$0.00	\$0.00	\$0.00	\$0.00	\$1,148.00
PREVENTIVE	X-RAYS	D0363	CONE BEAM CT 3 DIMEN	1	0.33	\$272.00	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$272.00
PREVENTIVE	X-RAYS	D0364	CONE BEAM CT CAPTURE & INTERPRETATION WITH LI	8	2.62	\$226.38	\$0.05	\$0.00	\$0.00	\$0.00	\$0.00	\$1,811.00
PREVENTIVE	X-RAYS	D0365	CONE BEAM CT CAPTURE & INTERPRETATION WITH FI	1	0.33	\$194.00	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$194.00
PREVENTIVE	X-RAYS	D0366	CONE BEAM CT CAPTURE & INTERPRET W/FIELD OF VII	2	0.66	\$227.50	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$455.00
PREVENTIVE	X-RAYS	D0367	CONE BEAM CT CAPTURE & INTERPRETATION WITH FI	2	0.66	\$223.50	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$447.00
PREVENTIVE	X-RAYS	D0393	TREATMENT SIMULATION USING 3D IMAGE VOLUME	3	0.98	\$272.00	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00	\$816.00
Benefit Total				3,641	1,193.54	\$56.02	\$5.57	\$33.06	\$3.29	\$31.84	\$3.17	\$203,976.65
Class Total				11,534	3,780.92	\$67.79	\$21.36	\$41.26	\$13.00	\$40.47	\$12.75	\$781,932.73
BASIC	ANESTHESIA	D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPER	1	0.33	\$30.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$30.00
BASIC	ANESTHESIA	D9215	LOCAL ANESTHESIA IN CONJUNCTION WITH OPERATIV	10	3.28	\$63.42	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00	\$634.20
BASIC	ANESTHESIA	D9220	DEEP SEDATION/GENERAL ANESTHESIA - FIRST 30 MIN	5	1.64	\$365.60	\$0.05	\$613.20	\$0.08	\$322.08	\$0.04	\$1,828.00
BASIC	ANESTHESIA	D9221	DEEP SEDATION/GENERAL ANESTHESIA - EACH ADDITI	8	2.62	\$230.38	\$0.05	\$236.38	\$0.05	\$111.70	\$0.02	\$1,843.00
BASIC	ANESTHESIA	D9223	DEEP SEDATION/GENERAL ANESTHESIA - EACH 15 MIN	51	16.72	\$261.57	\$0.36	\$30.90	\$0.04	\$26.43	\$0.04	\$13,340.00
BASIC	ANESTHESIA	D9230	INHALATION OF NITROUS OXIDE/ANALGESIA, ANXIOLY	41	13.44	\$97.59	\$0.11	\$0.00	\$0.00	\$0.00	\$0.00	\$4,001.00
BASIC	ANESTHESIA	D9241	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/AI	1	0.33	\$484.00	\$0.01	\$804.00	\$0.02	\$248.00	\$0.01	\$484.00
BASIC	ANESTHESIA	D9242	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/AI	4	1.31	\$164.00	\$0.02	\$102.50	\$0.01	\$0.00	\$0.00	\$656.00
BASIC	ANESTHESIA	D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/AI	8	2.62	\$208.75	\$0.05	\$61.25	\$0.01	\$0.00	\$0.00	\$1,670.00
BASIC	ANESTHESIA	D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	3	0.98	\$116.67	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$350.00
Benefit Total				132	43.27	\$188.15	\$0.68	\$62.40	\$0.23	\$31.06	\$0.11	\$24,836.20
BASIC	EMERGENCY (PALLIATIVE)	D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAI	31	10.16	\$89.71	\$0.08	\$59.42	\$0.05	\$57.35	\$0.05	\$2,781.00
Benefit Total				31	10.16	\$89.71	\$0.08	\$59.42	\$0.05	\$57.35	\$0.05	\$2,781.00
BASIC	ENDODONTICS	D3110	DIRECT PULP CAP (EXCLUDING FINAL RESTORATION)	8	2.62	\$66.53	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$532.25
BASIC	ENDODONTICS	D3120	INDIRECT PULP CAP (EXCLUDING FINAL RESTORATION)	37	12.13	\$102.22	\$0.10	\$0.00	\$0.00	\$0.00	\$0.00	\$3,782.00
BASIC	ENDODONTICS	D3220	THERAPUTIC PULPOTOMY - REMOVAL OF PULP CORON	13	4.26	\$189.92	\$0.07	\$58.69	\$0.02	\$50.14	\$0.02	\$2,469.00
BASIC	ENDODONTICS	D3221	PULP DEBRIDEMENT - PRIMARY & PERMANENT TEETH	6	1.97	\$181.00	\$0.03	\$36.67	\$0.01	\$16.00	\$0.00	\$1,086.00
BASIC	ENDODONTICS	D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANE	1	0.33	\$525.00	\$0.01	\$146.00	\$0.00	\$116.80	\$0.00	\$525.00
BASIC	ENDODONTICS	D3310	ROOT CANAL THERAPY, ANTERIOR TOOTH (EXCLUDING	10	3.28	\$988.60	\$0.27	\$585.10	\$0.16	\$502.47	\$0.14	\$9,886.00
BASIC	ENDODONTICS	D3320	ROOT CANAL THERAPY, BICUSPID TOOTH (EXCLUDING	28	9.18	\$1,039.14	\$0.79	\$648.73	\$0.50	\$453.66	\$0.35	\$29,095.86
BASIC	ENDODONTICS	D3330	ROOT CANAL THERAPY, MOLAR (EXCLUDING FINAL RE	69	22.62	\$1,272.72	\$2.40	\$946.69	\$1.78	\$692.66	\$1.31	\$87,817.96
BASIC	ENDODONTICS	D3331	TREATMENT OF ROOT CANAL OBSTRUCTION, NON SUI	2	0.66	\$200.00	\$0.01	\$170.00	\$0.01	\$85.00	\$0.00	\$400.00
BASIC	ENDODONTICS	D3332	INCOMPLETE ENDODONTIC THERAPY - INOPERABLE, U	2	0.66	\$453.50	\$0.02	\$416.50	\$0.02	\$418.01	\$0.02	\$907.00
BASIC	ENDODONTICS	D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY -	4	1.31	\$1,881.25	\$0.21	\$1,265.00	\$0.14	\$743.52	\$0.08	\$7,525.00
BASIC	ENDODONTICS	D3425	APICOECTOMY MOLAR (FIRST ROOT)	3	0.98	\$1,403.67	\$0.12	\$920.33	\$0.08	\$418.33	\$0.03	\$4,211.00
BASIC	ENDODONTICS	D3426	APICOECTOMY EACH ADDITIONAL ROOT	1	0.33	\$275.00	\$0.01	\$260.00	\$0.01	\$262.95	\$0.01	\$275.00
BASIC	ENDODONTICS	D3430	RETROGRADE FILLING - PER ROOT	3	0.98	\$277.33	\$0.02	\$181.67	\$0.01	\$122.00	\$0.01	\$832.00
BASIC	ENDODONTICS	D3910	SURGICAL PROCEDURE FOR ISOLATION OF TOOTH WIT	2	0.66	\$189.00	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$378.00
BASIC	ENDODONTICS	D3950	CANAL PREPARATION AND FITTING OF PREFORMED DI	1	0.33	\$96.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$96.00
Benefit Total				190	62.28	\$788.52	\$4.09	\$527.71	\$2.74	\$380.26	\$1.97	\$149,818.07



CITY OF FORT LAUDERDALE - 573978

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Class	Benefit	ADA	ADA Description	Utilization: Number of Procedures	Annual Utilization per 1,000 Members	Average Charge	Charge PMPM	Average Covered	Covered PMPM	Average Final Liability	Final Liability PMPM	Charge Amount
BASIC	ORAL SURGERY	D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF	2	0.66	\$75.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$150.00
BASIC	ORAL SURGERY	D7280	SURGICAL ACCESS EXPOSURE OF AN UNERUPTED TOO	1	0.33	\$550.00	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00	\$550.00
BASIC	ORAL SURGERY	D7286	INCISIONAL BIOPSY OF ORAL TISSUE - SOFT BONE, TOC	1	0.33	\$455.00	\$0.01	\$230.00	\$0.01	\$231.06	\$0.01	\$455.00
BASIC	ORAL SURGERY	D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTION:	2	0.66	\$347.50	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00	\$695.00
BASIC	ORAL SURGERY	D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTION:	9	2.95	\$311.33	\$0.08	\$42.89	\$0.01	\$42.89	\$0.01	\$2,802.00
BASIC	ORAL SURGERY	D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR	0	0.00	\$0.00	\$0.00	\$0.00	\$0.01	\$0.00	\$0.00	-\$26.00
BASIC	ORAL SURGERY	D7510	INCISION & DRAINAGE OF ABSCESS - INTRAORAL SOFT	2	0.66	\$159.00	\$0.01	\$32.50	\$0.00	\$0.00	\$0.00	\$318.00
BASIC	ORAL SURGERY	D7880	OCCLUSAL ORTHOTIC DEVICE, BY REPORT	1	0.33	\$350.00	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$350.00
BASIC	ORAL SURGERY	D7921	COLLECTION & APPLICATION OF AUTOLOGOUS BLOOD	2	0.66	\$423.00	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00	\$846.00
BASIC	ORAL SURGERY	D7950	OSSEOUS, OSTEOPERIOSTEAL OR CARTILAGE GRAFT OR	0	0.00	\$0.00	\$0.00	\$0.00	\$0.02	\$0.00	\$0.02	\$0.00
BASIC	ORAL SURGERY	D7951	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTE	1	0.33	\$1,200.00	\$0.03	\$0.00	\$0.00	\$0.00	\$0.00	\$1,200.00
BASIC	ORAL SURGERY	D7953	BONE REPLACEMENT GRAFT FOR RIDGE PREPARATION	20	6.56	\$457.25	\$0.25	\$198.85	\$0.11	\$123.01	\$0.07	\$9,145.00
BASIC	ORAL SURGERY	D7960	FRENULECTOMY - ALSO KNOWN AS FRENECTOMY OR	7	2.29	\$426.00	\$0.08	\$143.43	\$0.03	\$77.49	\$0.01	\$2,982.00
BASIC	ORAL SURGERY	D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	5	1.64	\$752.80	\$0.10	\$0.00	\$0.00	\$0.00	\$0.00	\$3,764.00
Benefit Total				53	17.37	\$438.32	\$0.63	\$131.49	\$0.19	\$85.95	\$0.12	\$23,231.00
BASIC	PERIODONTICS	D4210	GINGIVECTOMY OR GINGIVOPLASTY - 4 OR MORE CON	1	0.33	\$550.00	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00	\$550.00
BASIC	PERIODONTICS	D4211	GINGIVECTOMY OR GINGIVOPLASTY - 1 TO 3 CONTIGU	12	3.93	\$291.67	\$0.10	\$9.33	\$0.00	\$5.92	\$0.00	\$3,500.00
BASIC	PERIODONTICS	D4212	GINGIVECTOMY OR GINGIVOPLASTY TO ALLOW ACCESS	4	1.31	\$329.75	\$0.04	\$0.00	\$0.00	\$0.00	\$0.00	\$1,319.00
BASIC	PERIODONTICS	D4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	4	1.31	\$838.75	\$0.09	\$374.75	\$0.04	\$5.41	\$0.00	\$3,355.00
BASIC	PERIODONTICS	D4260	OSSEOUS SURG (INCL ELEV OF A FULL THICK FLAP ENTI	6	1.97	\$1,688.33	\$0.28	\$588.00	\$0.10	\$560.24	\$0.09	\$10,130.00
BASIC	PERIODONTICS	D4261	OSSEOUS SURG (INCL ELEV OF FULL THICK FLAP ENTRY	7	2.29	\$866.64	\$0.17	\$590.57	\$0.11	\$421.29	\$0.08	\$6,066.50
BASIC	PERIODONTICS	D4263	BONE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH	8	2.62	\$359.75	\$0.08	\$0.00	\$0.00	\$0.00	\$0.00	\$2,878.00
BASIC	PERIODONTICS	D4265	BIOLOGIC MATERIALS TO AID IN SOFT TISSUE REGENERATION	4	1.31	\$532.25	\$0.06	\$180.50	\$0.02	\$108.05	\$0.01	\$2,129.00
BASIC	PERIODONTICS	D4266	GUIDED TISSUE REGENERATION - RESORBABLE BARRIER	15	4.92	\$416.87	\$0.17	\$71.60	\$0.03	\$29.00	\$0.01	\$6,253.00
BASIC	PERIODONTICS	D4270	PEDICAL SOFT TISSUE GRAFT PROCEDURE	2	0.66	\$915.00	\$0.05	\$457.50	\$0.02	\$274.50	\$0.01	\$1,830.00
BASIC	PERIODONTICS	D4273	AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCL DONOR	3	0.98	\$1,371.67	\$0.11	\$904.00	\$0.07	\$635.89	\$0.05	\$4,115.00
BASIC	PERIODONTICS	D4275	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCL	1	0.33	\$1,375.00	\$0.04	\$995.00	\$0.03	\$597.00	\$0.02	\$1,375.00
BASIC	PERIODONTICS	D4277	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING REPAIR	5	1.64	\$857.20	\$0.12	\$314.00	\$0.04	\$185.20	\$0.03	\$4,286.00
BASIC	PERIODONTICS	D4285	NON-AUTOGENOUS CONNECT TISSUE GRAFT PROC (IN	11	3.61	\$1,375.00	\$0.41	\$1,243.91	\$0.37	\$64.25	\$0.02	\$15,125.00
BASIC	PERIODONTICS	D4320	PROVISIONAL SPLINTING - INTRACORONAL	1	0.33	\$500.00	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$500.00
BASIC	PERIODONTICS	D4321	PROVISIONAL SPLINTING - EXTRACORONAL	3	0.98	\$579.00	\$0.05	\$0.00	\$0.00	\$0.00	\$0.00	\$1,737.00
BASIC	PERIODONTICS	D4341	PERIODONTAL SCALING & ROOT PLANING - 4 OR MORE	359	117.68	\$272.87	\$2.68	\$130.56	\$1.28	\$113.51	\$1.11	\$97,960.00
BASIC	PERIODONTICS	D4342	PERIODONTAL SCALING & ROOT PLANING - 1 TO 3 TEE	86	28.19	\$176.78	\$0.42	\$97.20	\$0.23	\$73.54	\$0.17	\$15,203.00
BASIC	PERIODONTICS	D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE	31	10.16	\$131.77	\$0.11	\$5.32	\$0.00	\$5.32	\$0.00	\$4,085.00
BASIC	PERIODONTICS	D4381	LOCAL DELIVERY OF ANTIMICROBIAL AGENTS VIA CON	106	34.75	\$78.94	\$0.23	\$0.00	\$0.00	\$0.00	\$0.00	\$8,368.00
BASIC	PERIODONTICS	D4910	PERIODONTAL MAINTENANCE	515	168.82	\$158.08	\$2.22	\$66.75	\$0.94	\$54.39	\$0.77	\$81,408.75
BASIC	PERIODONTICS	D4921	GINGIVAL IRRIGATION- PER QUADRANT	116	38.03	\$24.89	\$0.08	\$0.00	\$0.00	\$0.00	\$0.00	\$2,887.00
BASIC	PERIODONTICS	D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	1	0.33	\$350.00	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$350.00
Benefit Total				1,301	426.48	\$211.69	\$7.52	\$92.79	\$3.30	\$67.03	\$2.38	\$275,410.25
BASIC	RESTORATIONS	D2140	AMALGAM FILLING 1 SURFACE, PRIMARY OR PERMANENT	8	2.62	\$147.25	\$0.03	\$96.13	\$0.02	\$47.23	\$0.01	\$1,178.00
BASIC	RESTORATIONS	D2150	AMALGAM FILLING 2 SURFACES, PRIMARY OR PERMANENT	12	3.93	\$232.44	\$0.08	\$150.92	\$0.05	\$43.83	\$0.01	\$2,789.25
BASIC	RESTORATIONS	D2160	AMALGAM FILLING 3 SURFACES, PRIMARY OR PERMANENT	5	1.64	\$301.80	\$0.04	\$116.60	\$0.02	\$91.80	\$0.01	\$1,509.00
BASIC	RESTORATIONS	D2330	RESIN BASED COMPOSITE FILLING - 1 SURFACE ANTERIOR	60	19.67	\$153.19	\$0.25	\$104.20	\$0.17	\$73.45	\$0.12	\$9,191.14
BASIC	RESTORATIONS	D2331	RESIN BASED COMPOSITE FILLING - 2 SURFACES ANTERIOR	85	27.86	\$213.26	\$0.50	\$133.26	\$0.31	\$101.17	\$0.23	\$18,126.82



CITY OF FORT LAUDERDALE - 573978

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Class	Benefit	ADA	ADA Description	Utilization: Number of Procedures	Annual Utilization per 1,000 Members	Average Charge	Charge PMPM	Average Covered	Covered PMPM	Average Final Liability	Final Liability PMPM	Charge Amount
BASIC	RESTORATIONS	D2332	RESIN BASED COMPOSITE FILLING - 3 SURFACES ANTEF	100	32.78	\$243.97	\$0.67	\$143.83	\$0.39	\$108.08	\$0.30	\$24,396.55
BASIC	RESTORATIONS	D2335	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES	39	12.78	\$289.23	\$0.31	\$156.15	\$0.17	\$117.71	\$0.13	\$11,280.16
BASIC	RESTORATIONS	D2391	RESIN BASED COMPOSITE FILLING - 1 SURFACE POSTE	371	121.62	\$176.96	\$1.79	\$105.46	\$1.07	\$76.11	\$0.77	\$65,653.50
BASIC	RESTORATIONS	D2392	RESIN BASED COMPOSITE FILLING - 2 SURFACES POSTE	487	159.64	\$225.84	\$3.00	\$138.60	\$1.84	\$108.10	\$1.44	\$109,984.25
BASIC	RESTORATIONS	D2393	RESIN BASED COMPOSITE FILLING - 3 SURFACES POSTE	249	81.62	\$291.24	\$1.98	\$173.07	\$1.18	\$137.21	\$0.93	\$72,519.00
BASIC	RESTORATIONS	D2394	RESIN BASED COMPOSITE FILLING - 4 OR MORE SURFA	36	11.80	\$309.92	\$0.30	\$182.39	\$0.18	\$145.07	\$0.14	\$11,157.00
Benefit Total				1,452	475.97	\$225.75	\$8.95	\$136.02	\$5.40	\$103.33	\$4.10	\$327,784.67
BASIC	SIMPLE EXTRACTIONS	D7111	EXTRACTION, CORONAL REMNANTS - DECIDUOUS TOC	10	3.28	\$120.90	\$0.03	\$76.40	\$0.02	\$70.32	\$0.02	\$1,209.00
BASIC	SIMPLE EXTRACTIONS	D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT	115	37.70	\$204.70	\$0.64	\$126.16	\$0.40	\$89.43	\$0.28	\$23,541.00
Benefit Total				125	40.98	\$198.00	\$0.68	\$122.18	\$0.42	\$87.90	\$0.30	\$24,750.00
BASIC	SPACE MAINTAINERS	D1510	SPACE MAINTAINER - FIXED UNILATERAL	3	0.98	\$297.00	\$0.02	\$227.67	\$0.02	\$134.33	\$0.01	\$891.00
BASIC	SPACE MAINTAINERS	D1515	SPACE MAINTAINER - FIXED BILATERAL	2	0.66	\$350.00	\$0.02	\$350.00	\$0.02	\$180.00	\$0.01	\$700.00
Benefit Total				5	1.64	\$318.20	\$0.04	\$276.60	\$0.04	\$152.60	\$0.02	\$1,591.00
BASIC	SURGICAL EXTRACTIONS	D7210	SURGICAL REMOVAL OF EXTRACTION, ERUPTED TOOTI	130	42.61	\$319.20	\$1.13	\$173.40	\$0.62	\$118.74	\$0.42	\$41,495.50
BASIC	SURGICAL EXTRACTIONS	D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	16	5.24	\$318.94	\$0.14	\$124.00	\$0.05	\$109.40	\$0.05	\$5,103.00
BASIC	SURGICAL EXTRACTIONS	D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	23	7.54	\$476.65	\$0.30	\$119.09	\$0.07	\$86.71	\$0.05	\$10,963.00
BASIC	SURGICAL EXTRACTIONS	D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	41	13.44	\$503.24	\$0.56	\$270.68	\$0.30	\$225.16	\$0.25	\$20,633.00
BASIC	SURGICAL EXTRACTIONS	D7241	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY,	11	3.61	\$625.55	\$0.19	\$277.45	\$0.08	\$263.35	\$0.08	\$6,881.00
BASIC	SURGICAL EXTRACTIONS	D7250	REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PRO	26	8.52	\$299.00	\$0.21	\$187.88	\$0.13	\$153.15	\$0.11	\$7,774.00
BASIC	SURGICAL EXTRACTIONS	D7251	CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMC	2	0.66	\$650.00	\$0.04	\$0.00	\$0.00	\$0.00	\$0.00	\$1,300.00
Benefit Total				249	81.62	\$378.11	\$2.57	\$185.94	\$1.26	\$141.73	\$0.96	\$94,149.50
Class Total				3,538	1,159.78	\$261.26	\$25.25	\$140.89	\$13.62	\$103.72	\$10.02	\$924,351.69
MAJOR	BRIDGES	D6211	PONTIC - CAST PREDOMINANTLY BASE METAL	1	0.33	\$1,100.00	\$0.03	\$460.00	\$0.01	\$27.87	\$0.00	\$1,100.00
MAJOR	BRIDGES	D6212	PONTIC - CAST NOBLE METAL	8	2.62	\$1,255.75	\$0.27	\$639.00	\$0.14	\$125.43	\$0.03	\$10,046.00
MAJOR	BRIDGES	D6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	-1	-0.33	\$1,152.00	-\$0.03	\$0.00	\$0.00	\$0.00	\$0.00	-\$1,152.00
MAJOR	BRIDGES	D6241	PONTIC - PORCELAIN FUSED TO PREDOMINANTLY BAS	1	0.33	\$1,100.00	\$0.03	\$0.00	\$0.00	\$0.00	\$0.00	\$1,100.00
MAJOR	BRIDGES	D6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL	8	2.62	\$1,116.38	\$0.24	\$631.63	\$0.14	\$163.75	\$0.04	\$8,931.00
MAJOR	BRIDGES	D6245	PONTIC - PORCELAIN/CERAMIC	3	0.98	\$2,191.67	\$0.18	\$0.00	\$0.00	\$0.00	\$0.00	\$6,575.00
MAJOR	BRIDGES	D6253	PROVISIONAL PONTIC - FURTHER TREATMENT OR COM	2	0.66	\$389.00	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00	\$778.00
MAJOR	BRIDGES	D6740	RETAINER CROWN - PORCELAIN/CERAMIC	3	0.98	\$1,004.33	\$0.08	\$0.00	\$0.00	\$0.00	\$0.00	\$3,013.00
MAJOR	BRIDGES	D6750	RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBL	0	0.00	\$0.00	-\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	-\$428.00
MAJOR	BRIDGES	D6751	RETAINER CROWN - PORCELAIN FUSED TO PREDOMIN.	5	1.64	\$1,100.00	\$0.15	\$105.00	\$0.01	\$63.17	\$0.01	\$5,500.00
MAJOR	BRIDGES	D6752	RETAINER CROWN - PORCELAIN FUSED TO NOBLE MET	16	5.24	\$1,132.56	\$0.50	\$453.69	\$0.20	\$257.84	\$0.11	\$18,121.00
MAJOR	BRIDGES	D6790	RETAINER CROWN - FULL CAST HIGH NOBLE METAL	-1	-0.33	\$1,248.00	-\$0.03	\$0.00	\$0.00	\$0.00	\$0.00	-\$1,248.00
MAJOR	BRIDGES	D6791	RETAINER CROWN - FULL CAST PREDOMINANTLY BASE	1	0.33	\$1,100.00	\$0.03	\$1,100.00	\$0.03	\$0.00	\$0.00	\$1,100.00
MAJOR	BRIDGES	D6792	RETAINER CROWN - FULL CAST NOBLE METAL	8	2.62	\$1,100.50	\$0.24	\$513.75	\$0.11	\$118.80	\$0.03	\$8,804.00
MAJOR	BRIDGES	D6793	PROVISIONAL RETAINER CROWN - FURTHER TREATME	2	0.66	\$389.00	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00	\$778.00
Benefit Total				56	18.36	\$1,125.32	\$1.72	\$421.77	\$0.65	\$138.09	\$0.21	\$63,018.00



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Class	Benefit	ADA	ADA Description	Utilization: Number of Procedures	Annual Utilization per 1,000 Members	Average Charge	Charge PMPM	Average Covered	Covered PMPM	Average Final Liability	Final Liability PMPM	Charge Amount
MAJOR	DENTURES	D5110	COMPLETE DENTURE - MAXILLARY (UPPER)	2	0.66	\$2,011.50	\$0.11	\$1,654.50	\$0.09	\$873.60	\$0.05	\$4,023.00
MAJOR	DENTURES	D5120	COMPLETE DENTURE - MANDIBULAR (LOWER)	1	0.33	\$1,100.00	\$0.03	\$1,100.00	\$0.03	\$645.00	\$0.02	\$1,100.00
MAJOR	DENTURES	D5130	IMMEDIATE DENTURE - MAXILLARY (UPPER)	1	0.33	\$995.00	\$0.03	\$787.00	\$0.02	\$472.20	\$0.01	\$995.00
MAJOR	DENTURES	D5140	IMMEDIATE DENTURE - MANDIBULAR (LOWER)	2	0.66	\$1,229.00	\$0.07	\$767.50	\$0.04	\$460.80	\$0.03	\$2,458.00
MAJOR	DENTURES	D5213	MAXILLARY (UPPER) PARTIAL DENTURE - CAST METAL I	6	1.97	\$1,593.17	\$0.26	\$669.17	\$0.11	\$401.00	\$0.07	\$9,559.00
MAJOR	DENTURES	D5214	MANDIBULAR (LOWER) PARTIAL DENTURE - CAST MET	3	0.98	\$1,698.33	\$0.14	\$820.33	\$0.07	\$351.72	\$0.03	\$5,095.00
MAJOR	DENTURES	D5225	MAXILLARY (UPPER) PARTIAL DENTURE - FLEXIBLE BAS	1	0.33	\$1,595.00	\$0.04	\$1,298.00	\$0.04	\$778.80	\$0.02	\$1,595.00
MAJOR	DENTURES	D5226	MANDIBULAR (LOWER) PARTIAL DENTURE - FLEXIBLE E	1	0.33	\$1,319.00	\$0.04	\$0.00	\$0.00	\$0.00	\$0.00	\$1,319.00
Benefit Total				17	5.57	\$1,537.88	\$0.71	\$853.24	\$0.40	\$472.12	\$0.22	\$26,144.00
MAJOR	IMPLANT SERVICES	D6010	SURGICAL PLACEMENT OF IMPLANT BODY - ENDOSTEAL	32	10.49	\$1,962.34	\$1.72	\$819.89	\$0.72	\$380.94	\$0.33	\$62,795.00
MAJOR	IMPLANT SERVICES	D6011	SECOND STAGE IMPLANT SURGERY	1	0.33	\$495.00	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$495.00
MAJOR	IMPLANT SERVICES	D6056	PREFABRICATED ABUTMENT - INCLUDES MODIFICATION	6	1.97	\$745.83	\$0.12	\$449.83	\$0.07	\$217.41	\$0.04	\$4,475.00
MAJOR	IMPLANT SERVICES	D6057	CUSTOMIZED FABRICATED ABUTMENT - INCLUDES PLACEMENT	14	4.59	\$805.93	\$0.31	\$575.79	\$0.22	\$175.63	\$0.07	\$11,283.00
MAJOR	IMPLANT SERVICES	D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	13	4.26	\$1,332.85	\$0.47	\$861.15	\$0.31	\$329.55	\$0.12	\$17,327.00
MAJOR	IMPLANT SERVICES	D6059	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL	4	1.31	\$1,679.25	\$0.18	\$837.50	\$0.09	\$0.00	\$0.00	\$6,717.00
MAJOR	IMPLANT SERVICES	D6061	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL	3	0.98	\$1,383.33	\$0.11	\$939.33	\$0.08	\$557.39	\$0.05	\$4,150.00
MAJOR	IMPLANT SERVICES	D6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	2	0.66	\$2,800.00	\$0.15	\$0.00	\$0.00	\$0.00	\$0.00	\$5,600.00
MAJOR	IMPLANT SERVICES	D6066	IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN	5	1.64	\$1,455.40	\$0.20	\$868.00	\$0.12	\$252.99	\$0.03	\$7,277.00
MAJOR	IMPLANT SERVICES	D6070	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FULL	2	0.66	\$1,573.00	\$0.09	\$736.00	\$0.04	\$442.76	\$0.02	\$3,146.00
MAJOR	IMPLANT SERVICES	D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FIXED FULL	3	0.98	\$2,800.00	\$0.23	\$0.00	\$0.00	\$0.00	\$0.00	\$8,400.00
MAJOR	IMPLANT SERVICES	D6080	IMPLANT MAINTENANCE PROCEDURES WHEN PROSTHESIS	1	0.33	-\$69.00	\$0.00	\$29.00	\$0.00	\$17.40	\$0.00	-\$69.00
MAJOR	IMPLANT SERVICES	D6104	BONE GRAFT AT TIME OF IMPLANT PLACEMENT	4	1.31	\$499.00	\$0.05	\$114.50	\$0.01	\$0.00	\$0.00	\$1,996.00
Benefit Total				90	29.50	\$1,484.36	\$3.65	\$673.98	\$1.66	\$267.53	\$0.66	\$133,592.00
MAJOR	INLAYS AND CROWNS	D2544	METALLIC ONLAY - 4 OR MORE SURFACES	0	0.00	\$0.00	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$458.00
MAJOR	INLAYS AND CROWNS	D2740	CROWN - PORCELAIN-CERAMIC SUBSTRATE	10	3.28	\$1,468.10	\$0.40	\$0.00	\$0.00	\$0.00	\$0.00	\$14,681.00
MAJOR	INLAYS AND CROWNS	D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	15	4.92	\$1,121.67	\$0.46	-\$133.33	-\$0.05	\$0.00	\$0.00	\$16,825.00
MAJOR	INLAYS AND CROWNS	D2751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE	3	0.98	\$683.67	\$0.06	\$570.33	\$0.05	\$318.33	\$0.03	\$2,051.00
MAJOR	INLAYS AND CROWNS	D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	91	29.83	\$1,139.32	\$2.83	\$810.97	\$2.02	\$326.45	\$0.81	\$103,678.44
MAJOR	INLAYS AND CROWNS	D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	1	0.33	\$1,150.00	\$0.03	\$795.00	\$0.02	\$239.40	\$0.01	\$1,150.00
MAJOR	INLAYS AND CROWNS	D2790	CROWN - FULL CAST HIGH NOBLE METAL	2	0.66	\$2,320.00	\$0.13	\$0.00	\$0.00	\$0.00	\$0.00	\$4,640.00
MAJOR	INLAYS AND CROWNS	D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	1	0.33	\$1,100.00	\$0.03	\$460.00	\$0.01	\$276.00	\$0.01	\$1,100.00
MAJOR	INLAYS AND CROWNS	D2792	CROWN - FULL CAST NOBLE METAL	149	48.84	\$1,111.00	\$4.52	\$738.44	\$3.01	\$372.68	\$1.52	\$165,538.48
MAJOR	INLAYS AND CROWNS	D2799	PROVISIONAL CROWN - FURTHER TREATMENT OR COMPLETION	7	2.29	\$290.57	\$0.06	\$0.00	\$0.00	\$0.00	\$0.00	\$2,034.00
MAJOR	INLAYS AND CROWNS	D2910	RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTIAL	1	0.33	\$100.00	\$0.00	\$45.00	\$0.00	\$0.00	\$0.00	\$100.00
MAJOR	INLAYS AND CROWNS	D2920	RE-CEMENT OR RE-BOND CROWN CROWN FULLY FABRICATED OR	49	16.06	\$124.00	\$0.17	\$68.59	\$0.09	\$38.39	\$0.05	\$6,076.00
MAJOR	INLAYS AND CROWNS	D2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY	8	2.62	\$305.38	\$0.07	\$154.38	\$0.03	\$154.38	\$0.03	\$2,443.00
MAJOR	INLAYS AND CROWNS	D2940	PROTECTIVE RESTORATION	9	2.95	\$93.28	\$0.02	\$12.00	\$0.00	\$6.44	\$0.00	\$839.50
MAJOR	INLAYS AND CROWNS	D2950	CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED	199	65.23	\$275.11	\$1.50	\$133.54	\$0.73	\$68.86	\$0.37	\$54,747.28
MAJOR	INLAYS AND CROWNS	D2951	PIN RETENTION - PER TOOTH IN ADDITION TO RESTORATION	3	0.98	\$42.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$127.00
MAJOR	INLAYS AND CROWNS	D2952	POST AND CORE IN ADDITION TO CROWN, INDIRECTLY	9	2.95	\$339.00	\$0.08	\$231.89	\$0.06	\$139.13	\$0.03	\$3,051.00
MAJOR	INLAYS AND CROWNS	D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	28	9.18	\$285.51	\$0.22	\$159.77	\$0.12	\$71.79	\$0.05	\$7,994.31
MAJOR	INLAYS AND CROWNS	D2955	POST REMOVAL	1	0.33	\$540.00	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$540.00
MAJOR	INLAYS AND CROWNS	D2970	TEMPORARY CROWN (FRACTURED TOOTH)	1	0.33	\$300.00	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$300.00
MAJOR	INLAYS AND CROWNS	D2980	CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL	3	0.98	\$309.67	\$0.03	\$63.33	\$0.01	\$31.67	\$0.00	\$929.00



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Class	Benefit	ADA	ADA Description	Utilization: Number of Procedures	Annual Utilization per 1,000 Members	Average Charge	Charge PMPM	Average Covered	Covered PMPM	Average Final Liability	Final Liability PMPM	Charge Amount
MAJOR	INLAYS AND CROWNS	D2999	UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT	4	1.31	\$127.75	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$511.00
Benefit Total				594	194.72	\$656.25	\$10.65	\$375.19	\$6.09	\$180.04	\$2.92	\$389,814.01
MAJOR	OTHER PROSTHETICS	D5422	ADJUSTMENT PARTIAL DENTURE - MANDIBULAR (LOW	2	0.66	\$61.63	\$0.00	\$50.00	\$0.00	\$29.00	\$0.00	\$123.25
MAJOR	OTHER PROSTHETICS	D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	9	2.95	\$178.11	\$0.04	\$95.56	\$0.02	\$95.61	\$0.02	\$1,603.00
MAJOR	OTHER PROSTHETICS	D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	1	0.33	\$275.00	\$0.01	\$242.00	\$0.01	\$145.20	\$0.00	\$275.00
MAJOR	OTHER PROSTHETICS	D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	2	0.66	\$265.00	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$530.00
MAJOR	OTHER PROSTHETICS	D5862	PRECISION ATTACHMENT, BY REPORT	0	0.00	\$0.00	\$0.04	\$0.00	\$0.00	\$0.00	\$0.00	\$1,632.00
MAJOR	OTHER PROSTHETICS	D5865	OVERDENTURE- COMPLETE MANDIBULAR	0	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Benefit Total				14	4.59	\$297.38	\$0.11	\$85.86	\$0.03	\$75.98	\$0.03	\$4,163.25
MAJOR	REPAIR (SIMPLE)	D5510	REPAIR BROKEN COMPLETE DENTURE BASE	1	0.33	\$217.00	\$0.01	\$85.00	\$0.00	\$85.00	\$0.00	\$217.00
MAJOR	REPAIR (SIMPLE)	D5610	REPAIR RESIN DENTURE BASE	0	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MAJOR	REPAIR (SIMPLE)	D5620	REPAIR CAST FRAMEWORK	0	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$32.00
MAJOR	REPAIR (SIMPLE)	D5630	REPAIR OR REPLACE BROKEN CLASP - PER TOOTH	2	0.66	\$237.00	\$0.01	\$165.00	\$0.01	\$56.50	\$0.00	\$474.00
MAJOR	REPAIR (SIMPLE)	D5640	REPLACE BROKEN TEETH - PER TOOTH	2	0.66	\$146.00	\$0.01	\$71.50	\$0.00	\$71.50	\$0.00	\$292.00
MAJOR	REPAIR (SIMPLE)	D6930	RE-CEMENT OR RE-BOND FIXED PARTIAL	2	0.66	\$175.00	\$0.01	\$73.50	\$0.00	\$66.10	\$0.00	\$350.00
MAJOR	REPAIR (SIMPLE)	D6980	FIXED PARTIAL DENTURE REPAIR NECESSITATED BY RE:	1	0.33	\$568.00	\$0.02	\$434.00	\$0.01	\$232.80	\$0.01	\$568.00
Benefit Total				8	2.62	\$241.63	\$0.05	\$182.88	\$0.04	\$128.76	\$0.03	\$1,933.00
Class Total				779	255.36	\$794.18	\$16.90	\$416.32	\$8.86	\$191.11	\$4.07	\$618,664.26
ORTHODONTICS	ORTHODONTICS	D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITI	1	0.33	\$670.00	\$0.02	\$536.00	\$0.01	\$321.60	\$0.01	\$670.00
ORTHODONTICS	ORTHODONTICS	D8040	LIMITED ORTHODONTIC TREATMENT OF THE ADULT DI	1	0.33	\$628.00	\$0.02	\$502.40	\$0.01	\$301.44	\$0.01	\$628.00
ORTHODONTICS	ORTHODONTICS	D8060	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE TR	4	1.31	\$1,929.50	\$0.21	\$282.50	\$0.03	\$147.25	\$0.02	\$7,718.00
ORTHODONTICS	ORTHODONTICS	D8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE	2	0.66	\$1,203.50	\$0.07	\$1,203.50	\$0.07	\$634.50	\$0.03	\$2,407.00
ORTHODONTICS	ORTHODONTICS	D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE	40	13.11	\$1,776.34	\$1.94	\$864.91	\$0.95	\$469.69	\$0.51	\$71,053.50
ORTHODONTICS	ORTHODONTICS	D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE	24	7.87	\$1,623.78	\$1.06	\$965.27	\$0.63	\$554.02	\$0.36	\$38,970.60
ORTHODONTICS	ORTHODONTICS	D8210	REMOVABLE APPLIANCE THERAPY	2	0.66	\$165.00	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$330.00
ORTHODONTICS	ORTHODONTICS	D8660	PRE-ORTHODONTIC TREATMENT EXAMINATION TO MONI	11	3.61	\$307.00	\$0.09	\$250.13	\$0.08	\$133.70	\$0.04	\$3,377.00
ORTHODONTICS	ORTHODONTICS	D8670	PERIODIC ORTHODONTIC TREATMENT VISIT TO MONI	1,101	360.91	\$187.73	\$5.65	\$145.90	\$4.39	\$76.19	\$2.29	\$206,688.74
ORTHODONTICS	ORTHODONTICS	D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES	4	1.31	\$367.00	\$0.04	\$98.75	\$0.01	\$59.25	\$0.01	\$1,468.00
ORTHODONTICS	ORTHODONTICS	D8691	REPAIR OF ORTHODONTIC APPLIANCE	1	0.33	\$79.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$79.00
ORTHODONTICS	ORTHODONTICS	D8692	REPLACEMENT OF LOST OR BROKEN RETAINER	2	0.66	\$150.00	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$300.00
ORTHODONTICS	ORTHODONTICS	D8694	REPAIR OF FIXED RETAINERS, INCLUDES REATTACHMEI	1	0.33	\$242.00	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$242.00
ORTHODONTICS	ORTHODONTICS	D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	19	6.23	\$419.11	\$0.22	\$358.56	\$0.19	\$200.26	\$0.10	\$7,963.00
Benefit Total				1,213	397.63	\$281.86	\$9.34	\$192.03	\$6.36	\$102.20	\$3.39	\$341,894.84
Class Total				1,213	397.63	\$281.86	\$9.34	\$192.03	\$6.36	\$102.20	\$3.39	\$341,894.84
OTHER	DRUGS	D9610	THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTR	42	13.77	\$88.26	\$0.10	\$0.00	\$0.00	\$0.00	\$0.00	\$3,707.00
OTHER	DRUGS	D9612	THERAPEUTIC PARENTERAL DRUG, 2 OR MORE ADMIN	1	0.33	\$150.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$150.00
OTHER	DRUGS	D9630	OTHER DRUGS AND/OR MEDICAMENTS DISPENSED IN	67	21.96	\$43.31	\$0.08	\$0.00	\$0.00	\$0.00	\$0.00	\$2,902.00
Benefit Total				110	36.06	\$61.45	\$0.18	\$0.00	\$0.00	\$0.00	\$0.00	\$6,759.00



CITY OF FORT LAUDERDALE - 573978
1/01/2016 - 12/31/2016

Class	Benefit	ADA	ADA Description	Utilization: Number of Procedures	Annual Utilization per 1,000 Members	Average Charge	Charge PMPM	Average Covered	Covered PMPM	Average Final Liability	Final Liability PMPM	Charge Amount
OTHER	MISCELLANEOUS SERVICES	D9120	FIXED PARTIAL DENTURE SECTIONING	1	0.33	\$295.00	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$295.00
OTHER	MISCELLANEOUS SERVICES	D9910	APPLICATION OF DESENSITIZING MEDICAMENT	45	14.75	\$60.53	\$0.07	\$0.00	\$0.00	\$0.00	\$0.00	\$2,724.00
OTHER	MISCELLANEOUS SERVICES	D9911	APPLICATION OF DESENSITIZING RESIN FOR CERVICAL	25	8.20	\$46.44	\$0.03	\$0.00	\$0.00	\$0.00	\$0.00	\$1,161.00
OTHER	MISCELLANEOUS SERVICES	D9940	OCCLUSAL GUARD, BY REPORT	5	1.64	\$651.20	\$0.09	\$0.00	\$0.00	\$0.00	\$0.00	\$3,256.00
OTHER	MISCELLANEOUS SERVICES	D9942	REPAIR AND/OR RELINE OF OCCLUSAL GUARD	1	0.33	\$175.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$175.00
OTHER	MISCELLANEOUS SERVICES	D9950	OCCLUSION ANALYSIS - MOUNTED CASE	1	0.33	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50.00
OTHER	MISCELLANEOUS SERVICES	D9951	OCCLUSAL ADJUSTMENT - LIMITED	16	5.24	\$116.06	\$0.05	\$0.00	\$0.00	\$0.00	\$0.00	\$1,857.00
OTHER	MISCELLANEOUS SERVICES	D9971	ODONTOPLASTY 1-2 TEETH; INCLUDES REMOVAL OR E	1	0.33	\$55.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$55.00
OTHER	MISCELLANEOUS SERVICES	D9972	EXTERNAL BLEACHING - PER ARCH, PERFORMED IN OF	3	0.98	\$216.67	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00	\$650.00
OTHER	MISCELLANEOUS SERVICES	D9993	DENTAL CASE MANAGEMENT & MOTIVATIONAL INTER	1	0.33	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15.00
OTHER	MISCELLANEOUS SERVICES	D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT	10	3.28	\$189.10	\$0.05	\$0.00	\$0.00	\$0.00	\$0.00	\$1,891.00
Benefit Total				109	35.73	\$111.28	\$0.33	\$0.00	\$0.00	\$0.00	\$0.00	\$12,129.00
OTHER	PROFESSIONAL CONSULTATIC	D9310	CONSULTATION-DIAGNOSTIC SERVICE PROVIDED BY D	16	5.24	\$120.88	\$0.05	\$22.94	\$0.01	\$22.94	\$0.01	\$1,934.00
Benefit Total				16	5.24	\$120.88	\$0.05	\$22.94	\$0.01	\$22.94	\$0.01	\$1,934.00
OTHER	PROFESSIONAL VISITS	D9430	OFFICE VISIT FOR OBSERVATION (DURING REGULAR HI	3	0.98	\$55.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$165.00
Benefit Total				3	0.98	\$55.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$165.00
Class Total				238	78.02	\$88.18	\$0.57	\$1.54	\$0.01	\$1.54	\$0.01	\$20,987.00
UNKNOWN	INVESTIGATE	D0001		24	7.87	\$205.50	\$0.13	\$0.00	\$0.00	\$0.00	\$0.00	\$4,932.00
Benefit Total				24	7.87	\$205.50	\$0.13	\$0.00	\$0.00	\$0.00	\$0.00	\$4,932.00
Class Total				24	7.87	\$205.50	\$0.13	\$0.00	\$0.00	\$0.00	\$0.00	\$4,932.00
Grand Total				17,326	5,679.57	\$155.42	\$73.56	\$88.42	\$41.85	\$63.89	\$30.24	\$2,692,762.52



Monthly Enrollment & Paid Claims Data

CITY OF FORT LAUDERDALE - 573978

Date	Employee Count	Member Count	Service Units	Charge Amount	Not Covered Amount	Deal Savings	Covered Amount	Deductible Amount	Coinsurance Amount	Other Insurance Payment	Plan Max Savings Amount	Final Liability Amount
1/1/2016	1,316	3,052	1,330	\$185,336.81	\$44,581.47	\$39,611.70	\$101,143.64	\$3,943.00	\$14,979.48	\$0.00	\$5,663.83	\$76,557.33
2/1/2016	1,316	3,053	1,508	\$262,993.90	\$76,677.90	\$47,123.45	\$139,192.55	\$5,025.00	\$27,216.45	\$735.80	\$3,128.86	\$103,086.44
3/1/2016	1,319	3,058	1,585	\$232,524.85	\$30,821.11	\$58,911.45	\$142,792.29	\$3,702.00	\$23,178.45	\$678.60	\$4,335.62	\$110,897.62
4/1/2016	1,321	3,057	1,504	\$223,387.04	\$29,068.76	\$62,552.45	\$131,765.83	\$3,370.00	\$21,569.43	\$1,146.20	\$6,316.56	\$99,363.64
5/1/2016	1,317	3,053	1,459	\$250,863.57	\$52,968.62	\$54,098.20	\$143,796.75	\$3,800.00	\$22,053.82	\$625.60	\$22,406.31	\$94,911.02
6/1/2016	1,323	3,069	1,466	\$198,577.60	\$46,698.98	\$40,654.25	\$111,224.37	\$4,200.00	\$16,349.70	\$327.95	\$5,804.56	\$84,542.16
7/1/2016	1,323	3,070	1,412	\$217,726.46	\$22,787.80	\$50,351.83	\$144,586.83	\$2,734.00	\$21,131.75	\$499.10	\$26,359.84	\$93,862.14
8/1/2016	1,321	3,063	1,533	\$211,835.50	\$35,866.66	\$44,868.84	\$131,100.00	\$4,280.00	\$21,965.24	\$947.60	\$7,999.46	\$95,907.70
9/1/2016	1,316	3,042	1,416	\$273,676.10	\$108,132.04	\$46,069.31	\$119,474.75	\$3,179.00	\$19,696.85	\$1,016.50	\$5,436.33	\$90,146.07
10/1/2016	1,310	3,032	1,323	\$196,185.71	\$27,261.17	\$44,595.82	\$124,328.72	\$2,229.00	\$19,496.13	\$498.05	\$16,766.70	\$85,338.84
11/1/2016	1,315	3,031	1,320	\$208,852.91	\$39,020.48	\$46,195.79	\$123,636.64	\$2,647.00	\$20,691.57	\$545.00	\$14,309.14	\$85,443.93
12/1/2016	1,315	3,027	1,470	\$230,802.07	\$74,346.32	\$37,519.95	\$118,935.80	\$2,657.00	\$17,188.06	\$218.63	\$11,977.42	\$86,894.69



Top 250 Providers Based on Final Liability Amount

CITY OF FORT LAUDERDALE - 573978

Paid Claims 1/01/2016 - 12/31/2016

Provider IRS Nbr	Provider System Assigned Number	Provider Name	Provider Address	Provider City	State	Zip	Service Units	Charge Amount	Final Liability	Rank	In Plan Y=yes	Dentist Type:	
												G = general,	S = specialist
461185149	176951413876	DESTEFON, JOHN J	30 NE 3RD ST	FT LAUDERDALE	FL	33301	218	\$38,579.00	\$17,628.76	1	Y	G	
591389949	192160301238	ROSENTHAL, BARRY W	9200 NW 44TH ST	SUNRISE	FL	33351	113	\$18,375.00	\$11,462.40	2		G	
202058007	194119185252	LEIBOWITZ, JAYSON R	10080 NW 1ST CT	PLANTATION	FL	33324	172	\$18,155.00	\$10,701.40	3	Y	G	
650341505	125399194421	MOORE, KEITH E	901 S FEDERAL HWY STE 301	FORT LAUDERDALE	FL	33316	116	\$19,039.00	\$9,843.20	4		G	
453626385	169284104284	YOUNG, JARED M	1930 NE 34TH CT	LIGHTHOUSE POINT	FL	33064	215	\$16,120.00	\$9,752.35	5	Y	S	
592495753	176649421668	BARR, SCOTT I	300 NW 70 AVE, #206	PLANTATION	FL	33317	103	\$19,869.00	\$9,610.04	6		G	
203791829	114952541092	ROBINSON, SHARON R	6738 W SUNRISE BLVD, STE 105	PLANTATION	FL	33313	128	\$36,298.00	\$8,911.27	7	Y	G	
650666819	159277595966	BARTLETT, JEFFREY C	2330 NE 9TH ST	FORT LAUDERDALE	FL	33304	168	\$16,509.00	\$8,226.40	8	Y	G	
943420892	124178421311	HORST, NADJA A	104 SE 1ST ST	FT LAUDERDALE	FL	33301	119	\$19,225.00	\$8,122.72	9	Y	G	
461919850	198239551881	DOUGLASS, RICHARD C	660 N STATE ROAD 7, STE 12	PLANTATION	FL	33317	128	\$18,225.00	\$7,956.80	10	Y	G	
461543139	176038230587	ALEXANDER, ALLISON	113 SW 11TH CT, STE A	FT LAUDERDALE	FL	33315	76	\$15,093.00	\$7,635.46	11	Y	G	
412220291	191682245098	GIRALDO, ANDREA	114 SW 10TH ST	FORT LAUDERDALE	FL	33315	65	\$16,106.00	\$7,084.40	12		G	
591541047	164893421013	BENNETT, JAMES G	1023 ATLANTIC BLVD	ATLANTIC BEACH	FL	32233	106	\$10,101.00	\$6,699.00	13	Y	S	
223703976	135340241170	MANKAME, DIPAK M	300 NW 70TH AVE, STE 109	PLANTATION	FL	33317	103	\$15,202.00	\$6,564.15	14	Y	G	
650985810	186194401532	YANG, JAMES T	10189 CLEARY BLVD, STE 201	PLANTATION	FL	33324	77	\$13,360.00	\$6,412.80	15	Y	S	
421650718	106258525385	STANTON, ROBERT B	1776 N PINE ISLAND RD, STE 300	PLANTATION	FL	33322	78	\$18,067.00	\$6,254.60	16	Y	G	
650700287	194180020785	GEORGE, RONALD A	4100 S HOSPITAL DR, STE 107	PLANTATION	FL	33317	151	\$16,650.00	\$6,134.24	17	Y	S	
208195969	131094360728	POLASKY, DAWN L	6231 N FEDERAL HWY, STE 109	FT LAUDERDALE	FL	33308	79	\$15,724.00	\$5,796.09	18	Y	G	
271200319	132750455450	RILEY, MARILYN P	3909 N ANDREWS AVE	OAKLAND PARK	FL	33309	72	\$9,553.00	\$5,643.00	19	Y	G	
591425149	159960141846	WILENTZ, ABBY T	7400 NW 5TH ST	PLANTATION	FL	33317	110	\$8,667.00	\$5,634.80	20	Y	S	
592208015	193579173269	ZENGA, WILLIAM T	2500 N UNIVERSITY DR, STE 9	SUNRISE	FL	33322	53	\$13,349.00	\$5,489.70	21	Y	G	
760741305	185760011480	JOHNSON LEONG, CHARMAINE	2717 E OAKLAND PARK BLVD STE 1	FORT LAUDERDALE	FL	33306	43	\$9,701.00	\$5,470.94	22		G	
200185918	184678024065	LANE, THOMAS R	1831 NE 45TH ST, SUITE B	FORT LAUDERDALE	FL	33308	39	\$10,152.00	\$5,395.43	23		G	
271835567	177958390549	TORAL, ARMANDO	4811 HOLLYWOOD BLVD, STE A	HOLLYWOOD	FL	33021	89	\$9,081.00	\$5,343.17	24	Y	G	
900723233	125158554415	BENEDETTI, ANA P	1535 SUNSET DR	CORAL GABLES	FL	33143	40	\$9,216.00	\$5,259.10	25		S	
264305407	164233503841	TENDLER, MINELLE M	199 W PALMETTO PARK RD, STE D	BOCA RATON	FL	33432	59	\$9,256.00	\$5,220.10	26	Y	S	
550881045	178640474718	FREEMAN, CHRISTOPHER S	8200 W SUNRISE BLVD, SUITE B-3	PLANTATION	FL	33322	92	\$17,708.00	\$5,182.00	27		G	
471820802	172680011052	RIEGER, ERIC R	1200 YAMATO RD, STE A4	BOCA RATON	FL	33431	39	\$18,430.00	\$5,083.40	28	Y	G	
202058007	158199282581	PALENZUELA, MARY A	10080 NW 1ST CT	PLANTATION	FL	33324	110	\$8,328.00	\$4,953.60	29	Y	G	
650089306	170052271674	BERGER, JOEL S	1890 N UNIVERSITY DR, STE 210	CORAL SPRINGS	FL	33071	59	\$11,346.00	\$4,895.00	30	Y	G	
202058007	190142405339	HERBERT, BRENT	10080 NW 1ST CT	PLANTATION	FL	33324	103	\$8,441.00	\$4,809.20	31	Y	G	
460771294	130374363898	NAIERMAN, ERIC H	3333 SHERIDAN ST	HOLLYWOOD	FL	33021	50	\$8,820.00	\$4,799.40	32	Y	G	
650019957	140658093711	BLITMAN, ROBERT	8430 W BROWARD BLVD, STE 100	PLANTATION	FL	33324	72	\$8,629.00	\$4,754.00	33	Y	G	
650969035	180819191162	CANIZALES, JACQUELINE	10640 GRIFFIN RD, STE 107	DAVIE	FL	33328	62	\$6,726.00	\$4,571.58	34	Y	G	
650075019	163787241995	BOUKZAM, MARK A	4048 W HILLSBORO BLVD	DEERFIELD BEACH	FL	33442	68	\$7,298.00	\$4,531.04	35	Y	G	
471526151	155923383248	BERLEY, JOEL A	7110 SOUTHGATE BLVD	MARGATE	FL	33068	65	\$22,802.00	\$4,418.56	36	Y	S	
650746314	115778253264	HERNANDEZ, PETER M	10051 PINES BLVD STE C	PEMBROKE PINES	FL	33024	68	\$6,420.00	\$4,406.00	37		G	
651100498	180919210372	MCCAWLEY, DANIEL W	1625 E LAS OLAS BLVD	FORT LAUDERDALE	FL	33301	66	\$5,869.00	\$4,395.20	38		G	
471755265	155263494381	SHERMAN, RICHARD L	2249 N UNIVERSITY DR	PEMBROKE PINES	FL	33024	101	\$5,779.00	\$4,357.99	39	Y	S	
203141319	116213350956	KERNS, JAMES M	2991 MYRTLE OAK CIR	DAVIE	FL	33328	74	\$8,228.00	\$4,352.22	40		G	



CITY OF FORT LAUDERDALE - 573978

Paid Claims 1/01/2016 - 12/31/2016

Provider IRS Nbr	Provider System Assigned Number	Provider Name	Provider Address	Provider City	State	Zip	Service Units	Charge Amount	Final Liability	Rank	In Plan Y=yes	Dentist Type:	
												G = general,	S = specialist
452816684	176499020971	MARTIN, SIDNEY S	660 N STATE ROAD 7, STE 12	PLANTATION	FL	33317	83	\$9,405.00	\$4,343.60	41	Y	G	
650000707	108572021972	CHENCIN, JOSEF	3015 BAYVIEW DR, STE D	FORT LAUDERDALE	FL	33306	84	\$12,158.00	\$4,320.00	42	Y	G	
650461148	193118543348	ZAKKO, DALAL	2826 E OAKLAND PARK BLVD, STE 300	FORT LAUDERDALE	FL	33306	34	\$8,411.00	\$4,280.90	43		G	
260849265	148527460572	HERNANDEZ, ROLAND A	1625 SE 3RD AVENUE, SUITE 802	FT LAUDERDALE	FL	33316	20	\$4,892.00	\$4,231.95	44	Y	S	
204587282	198987531986	DIXON, SCOTT E	1620 SE 4TH AVE	FT LAUDERDALE	FL	33316	54	\$8,055.00	\$4,229.00	45		G	
275197554	190165550336	JOH, JULIA H	4301 N FEDERAL HWY, STE 5	POMPANO BEACH	FL	33064	40	\$6,983.00	\$4,119.00	46	Y	G	
043589759	124830031229	CASTILLO, PEDRO L	1300 N FEDERAL HWY, SUITE 1	LAKE WORTH	FL	33460	53	\$7,975.00	\$4,091.43	47		G	
611734577	123224384525	BATES, BARBARA A	1096 W INDIANTOWN RD, STE 200	JUPITER	FL	33458	64	\$7,526.00	\$4,089.51	48	Y	G	
650914866	194608172706	FREDRICK, JASON W	1640 S FEDERAL HWY	DELRAY BEACH	FL	33483	102	\$6,465.00	\$4,071.90	49	Y	G	
591425149	168593511862	LUSTMAN, CRAIG	809 STATE ROUTE 208	MONROE	NY	10950	79	\$6,992.00	\$4,056.00	50	Y	S	
650980524	100919020420	JONES, IAN C	6300 W ATLANTIC BLVD	MARGATE	FL	33063	83	\$7,659.00	\$4,006.76	51	Y	G	
461543139	108588565993	AROCHA, ARIANNY	113 SW 11TH CT STE A	FORT LAUDERDALE	FL	33315	48	\$7,240.00	\$3,907.20	52	Y	G	
592603212	111627491027	HEINSEN, GRETCHEN	2480 E COMMERCIAL BLVD, STE 2	FORT LAUDERDALE	FL	33308	26	\$8,928.00	\$3,818.21	53	Y	S	
592681987	174320012658	BARNARD, MICHAEL R	1209 W BROWARD BLVD	FT LAUDERDALE	FL	33312	53	\$8,484.00	\$3,816.71	54	Y	G	
471755265	135518201715	TEMPLETON, PATRICIA G	2249 N UNIVERSITY DR	PEMBROKE PINES	FL	33024	88	\$5,503.00	\$3,792.56	55	Y	S	
650631864	102862545028	ROZEN, HENRY	9154 WILES RD	CORAL SPRINGS	FL	33067	31	\$13,577.00	\$3,643.00	56		S	
650863385	149139564101	COLELLA, CANDACE R	4690 N STATE RD 7 STE 201	COCONUT CREEK	FL	33073	42	\$6,871.00	\$3,601.60	57		G	
161685076	169600344947	MAZZEI, LEANNE	9387 W SAMPLE RD	CORAL SPRINGS	FL	33065	30	\$7,444.00	\$3,573.12	58	Y	S	
592397569	162307275208	SCHARF, BLAIR	2801 N UNIVERSITY DR, SUITE 101	CORAL SPRINGS	FL	33065	44	\$8,482.00	\$3,558.40	59		G	
592211352	122949325290	BEHN, JACK W	8200 W SUNRISE BLVD, STE A1	PLANTATION	FL	33322	49	\$9,091.00	\$3,557.00	60	Y	G	
134205825	148179421695	KHAKHRIA, MILAN L	104 NW 100TH AVE	PLANTATION	FL	33324	26	\$10,064.00	\$3,552.35	61	Y	S	
650161743	141119120304	BRACCO, BRENT J	2467 E COMMERCIAL BLVD	FORT LAUDERDALE	FL	33308	60	\$6,777.00	\$3,545.40	62	Y	G	
650947659	137778542599	SIMON, DAVID G	10115 FOREST HILL BLVD STE 301	WELLINGTON	FL	33414	16	\$5,908.00	\$3,545.31	63		S	
205407398	120205234966	CHEN, TIMOTHY P	12741 MIRAMAR PKWY, STE 203	MIRAMAR	FL	33027	91	\$6,596.00	\$3,487.00	64	Y	S	
650246176	154180300254	SPECTOR, LAWRENCE A	9132 WILES RD	CORAL SPRINGS	FL	33067	51	\$4,457.00	\$3,421.50	65		G	
900723233	125158554415	BENEDETTI, ANA P	1535 SUNSET DR	CORAL GABLES	FL	33143	52	\$30,690.80	\$3,360.00	66	Y	S	
592661313	172517575555	SCHLOSS, CHRISTOPHER M	2916 BAYVIEW DR	FORT LAUDERDALE	FL	33306	66	\$4,425.00	\$3,296.20	67		G	
271499087	140139190942	FORUM, RICHARD B	320 SE 18TH ST	FORT LAUDERDALE	FL	33316	44	\$4,025.00	\$3,289.00	68		G	
261365336	107917544146	SHELLING, ROBERT	19615 STATE ROAD 7, STE 33	BOCA RATON	FL	33498	18	\$7,895.00	\$3,268.80	69	Y	G	
453626385	194628443164	YOUNG, CATHERINE R	1930 NE 34TH CT	LIGHTHOUSE POINT	FL	33064	57	\$8,159.00	\$3,222.99	70	Y	G	
651147593	101238552922	LISTOPAD, HOWARD D	10161 W SAMPLE RD, STE A	CORAL SPRINGS	FL	33065	41	\$7,522.00	\$3,168.28	71	Y	G	
010574562	102870352141	JARRETT, BRENT J	7312 W ATLANTIC BLVD	MARGATE	FL	33063	50	\$4,794.00	\$3,096.20	72	Y	G	
753136614	175119494744	MAYE, FRANK J	19615 33 S STATE RD 7	BOCA RATON	FL	33498	67	\$4,065.00	\$3,064.60	73	Y	S	
650401664	117409172876	WEINER, SEYMOUR	8200 W SUNRISE BLVD, STE B2	PLANTATION	FL	33322	13	\$5,197.00	\$3,029.71	74	Y	S	
591928451	113899172644	WIENER, B H	800 E BROWARD BLVD, STE 305	FT LAUDERDALE	FL	33301	20	\$9,244.00	\$3,028.98	75	Y	S	
203987895	120209383099	MALPICA, OMAR A	14201 W SUNRISE BLVD STE 106	SUNRISE	FL	33323	18	\$6,730.00	\$3,000.00	76		G	
611734577	123224384525	BATES, BARBARA A	1096 W INDIANTOWN RD, STE 200	JUPITER	FL	33458	55	\$6,984.00	\$2,996.00	77		G	
591425149	117660415889	TRUPKIN, DENIS P	7400 NW 5TH ST	PLANTATION	FL	33317	63	\$3,973.00	\$2,969.00	78	Y	S	
461185149	190944564267	COOK, JONATHAN H	30 NE 3RD ST	FT LAUDERDALE	FL	33301	34	\$5,969.00	\$2,930.40	79	Y	G	
112596095	138706311489	JAEGER, MICHAEL E	12012 S SHORE BLVD, STE 101	WELLINGTON	FL	33414	52	\$7,099.00	\$2,917.60	80	Y	G	
650937178	179028344422	FONG, IAN S	1900 N UNIVERSITY DR, STE 201	PEMBROKE PINES	FL	33024	17	\$5,875.00	\$2,915.00	81	Y	G	



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650766393	154685313477	ROSENBERG, STEVEN A	7500 NW 5TH ST, STE 115	PLANTATION	FL	33317	80	\$5,857.00	\$2,907.00	82	Y	G	
463189195	175053051026	HERNANDEZ RIVERA, RICARDO N	522 E 25TH ST	HIALEAH	FL	33013	26	\$5,078.00	\$2,885.00	83	Y	G	
272813237	183498231183	RUBENSTEEN, EVAN	2151 NW 2ND AVE, STE 102	BOCA RATON	FL	33431	27	\$5,941.00	\$2,851.68	84	Y	S	
650807157	135688585482	DOUGLAS, EASTON	2609 W OAKLAND PARK BLVD	FORT LAUDERDALE	FL	33311	22	\$5,315.00	\$2,835.60	85		G	
452382491	133189585968	OLIVERA, MARISABEL	4800 NE 20TH TER, STE 301S	FT LAUDERDALE	FL	33308	69	\$5,507.00	\$2,823.00	86	Y	S	
043683245	144099032586	FERRER, DEBORAH A	1500 E BROWARD BLVD	FT LAUDERDALE	FL	33301	57	\$13,626.97	\$2,802.20	87		S	
650456698	120748163506	GRAFF, BRAD W	3107 STIRLING RD, STE 108	FT LAUDERDALE	FL	33312	53	\$5,725.00	\$2,793.00	88	Y	G	
261147142	161952265440	GINZLER, BRADLEY M	12651 W SUNRISE BLVD, STE 204	SUNRISE	FL	33323	21	\$5,534.00	\$2,770.65	89	Y	S	
592550069	111950005130	MANDELL, CHARLES S	3220 STIRLING RD	HOLLYWOOD	FL	33021	47	\$16,972.00	\$2,768.22	90	Y	G	
592343174	162366595604	LLERA, JULIO A	2607 DAVIE BLVD	FORT LAUDERDALE	FL	33312	37	\$4,507.00	\$2,763.86	91	Y	G	
452733082	126228292561	BOUCHARD LAVENKA, CYNTHIA R	14771 BISCAYNE BLVD	NORTH MIAMI	FL	33181	68	\$6,212.00	\$2,758.65	92	Y	G	
760706979	175879510484	GIOL, VICTOR J	2474 SE FEDERAL HWY	STUART	FL	34994	32	\$5,648.00	\$2,742.03	93		G	
592427954	141588235185	RUSSO, CHARLES D	2801 N UNIVERSITY DR, STE 102	CORAL SPRINGS	FL	33065	16	\$5,459.00	\$2,732.40	94	Y	G	
208577828	198859295598	URREA FELDSBERG, HELENA	12301 TAFT ST STE 300	PEMBROKE PINES	FL	33026	50	\$3,872.00	\$2,723.00	95	Y	S	
651025280	125974402815	GOMEZ, LUIS F	4651 N STATE ROAD 7, STE 4	COCONUT CREEK	FL	33073	46	\$4,429.00	\$2,723.00	96	Y	G	
412132420	164824385126	WARNER, DAVID K	1946 WILTON DR	WILTON MANORS	FL	33305	58	\$7,630.00	\$2,720.81	97	Y	G	
454014601	139082280421	MIREMAILI, MANDANA	3035 E COMMERCIAL BLVD	FORT LAUDERDALE	FL	33308	21	\$6,355.00	\$2,705.88	98	Y	G	
592229420	123429173705	LIPSON, FRANK D	333 NW 70TH AVE, STE 104	PLANTATION	FL	33317	67	\$5,491.00	\$2,697.57	99	Y	G	
300012213	163680030940	QUESADA, ROBERT E	1500 E BROWARD BLVD	FORT LAUDERDALE	FL	33301	25	\$3,536.00	\$2,682.10	100		G	
263766926	167705500835	BARBAG, ADAM C	9172 GLADES RD	BOCA RATON	FL	33434	48	\$5,565.00	\$2,682.00	101	Y	G	
591366609	178134403659	MILLER, ROBERT J	8903 GLADES RD STE D6	BOCA RATON	FL	33434	5	\$5,079.00	\$2,646.23	102		S	
264848166	125399194421	MOORE, KEITH E	901 S FEDERAL HWY STE 301	FORT LAUDERDALE	FL	33316	12	\$3,700.00	\$2,631.00	103		G	
272119748	199740542591	WAGNER, ROBERT M	1275 YORK AVE	NEW YORK	NY	10065	27	\$4,579.00	\$2,588.80	104		G	
273006462	163589014671	FINKELSTEIN, HEIDI R	333 NW 70TH AVE	FORT LAUDERDALE	FL	33317	40	\$9,668.00	\$2,532.14	105		G	
270812901	172001011946	CAPONERA, RINALDO	7420 NW 5TH ST, STE 108	PLANTATION	FL	33317	22	\$5,860.00	\$2,527.04	106	Y	S	
412139274	178499584252	SCHAUMBERG, JENNIFER S	21150 BISCAYNE BLVD, STE 401	AVENTURA	FL	33180	11	\$3,089.00	\$2,470.85	107	Y	S	
591425149	176408511233	BABYAK, GEORGE R	7400 NW 5TH ST	PLANTATION	FL	33317	25	\$10,352.00	\$2,461.60	108		G	
208445461	111915120353	SHEHADEH, EYAD	973 N NOB HILL RD	PLANTATION	FL	33324	49	\$4,019.00	\$2,456.00	109	Y	G	
650713391	107679580127	NUDELBERG, MICHAEL E	550 SW 3RD ST	POMPANO BEACH	FL	33060	19	\$7,805.00	\$2,446.63	110	Y	G	
650792969	178889190920	MONTAMARTA, FRANCISCO T	100 S MILITARY TRL, STE 4	DEERFIELD BEACH	FL	33442	24	\$11,525.00	\$2,419.33	111	Y	S	
591541047	172345165606	ROTHBERG, MELANIE R	5458 TOWN CENTER RD, STE 16	BOCA RATON	FL	33486	55	\$3,645.00	\$2,409.60	112	Y	S	
260829624	195699525550	BRICENO CRESPI, CARMEN	7615 SW 62ND AVE	SOUTH MIAMI	FL	33143	12	\$4,739.00	\$2,369.97	113		S	
473696720	185473113142	LEPORE, KRYSTINA M	9109 BAYMEADOWS RD, STE 1	JACKSONVILLE	FL	32256	35	\$5,295.00	\$2,362.00	114	Y	G	
264429924	164645444250	VULTAGGIO, FRANCESCO P	841 SE 8TH AVE	DEERFIELD BCH	FL	33441	30	\$7,213.00	\$2,342.40	115	Y	G	
650165775	186360010367	HOSSEINI, HEATHER G	1040 WESTON RD, STE 225	WESTON	FL	33326	48	\$5,693.00	\$2,334.20	116	Y	G	
464571377	186959172318	SHORT, STEVEN T	5400 N FEDERAL HWY	FORT LAUDERDALE	FL	33308	21	\$5,438.00	\$2,332.64	117	Y	S	
421598932	108398543237	ROUD, TARAS	7015 BERACASA WAY, STE 101	BOCA RATON	FL	33433	6	\$3,867.00	\$2,323.20	118	Y	S	
650654799	145069300862	THOMAS, CHRISTIAN M	3471 N FEDERAL HWY, STE 501	FT LAUDERDALE	FL	33306	57	\$3,091.00	\$2,317.00	119	Y	S	
208036431	143439062119	MARRANZINI GROSMA, MARIA G	4401 S FLAMINGO RD, STE 109	DAVIE	FL	33330	54	\$4,255.00	\$2,308.40	120	Y	S	
651146878	141549410370	FUERST, PETER F	2706 N UNIVERSITY DR	SUNRISE	FL	33322	36	\$7,038.00	\$2,266.40	121	Y	G	
650184844	125467000826	MARKS, LAWRENCE H	5100 HOLLYWOOD BLVD STE 2	HOLLYWOOD	FL	33021	32	\$2,678.00	\$2,263.00	122		G	



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650717556	143589190812	FEUER, MITCHELL R	900 S FEDERAL HWY	HOLLYWOOD	FL	33020	27	\$3,712.00	\$2,256.40	123		G	
650688337	125789284353	SIMON, DAVID S	7101 W MCNAB RD, STE 102	TAMARAC	FL	33321	26	\$9,787.00	\$2,253.00	124	Y	G	
010712049	193539305461	SLATKOFF, JOSHUA M	1400 E BROWARD BLVD	FT LAUDERDALE	FL	33301	33	\$3,388.21	\$2,246.92	125		G	
650668849	142039353146	WONG, ALBERT G	300 NW 70TH AVE, SUITE 304	PLANTATION	FL	33317	47	\$2,555.00	\$2,240.00	126		G	
201577593	173999061433	SCERBO, PETER M	6600 W 12TH AVE	HIALEAH	FL	33012	35	\$9,079.59	\$2,232.27	127		G	
542080841	199349310556	GRANDISON, NIGEL D	10117 CLEARY BLVD	PLANTATION	FL	33324	111	\$8,002.00	\$2,214.00	128	Y	S	
510446273	151644380846	NAJARIAN, STEPHEN	815 S UNIVERSITY DR, STE 101	PLANTATION	FL	33324	50	\$8,056.00	\$2,207.00	129	Y	G	
202996316	182720030746	BONS, BRIAN K	1637 N HIATUS RD	PEMBROKE PINES	FL	33026	13	\$4,686.00	\$2,182.60	130		S	
464401786	189598331723	GARG, ARUN K	700 N HIATUS RD, STE 102	PEMBROKE PINES	FL	33026	25	\$5,922.00	\$2,182.20	131	Y	G	
462882102	195000410277	DETURE, CHRISTOPHER N	1500 E HILLSBORO BLVD	DEERFIELD BEACH	FL	33441	19	\$6,589.00	\$2,148.60	132		S	
650132415	154414405541	BLUM, MICHAEL R	648 NE 3RD AVE	FORT LAUDERDALE	FL	33304	27	\$5,418.00	\$2,123.28	133	Y	G	
204399325	162759284908	SMITH, AUSTIN F	10794 PINES BLVD, STE 101	PEMBROKE PINES	FL	33026	20	\$4,742.74	\$2,123.16	134		S	
650787194	162411283422	TAYLOR, HENDERSON P	3131 INVERRARY BLVD W	LAUDERHILL	FL	33319	50	\$5,566.00	\$2,119.80	135		G	
263118748	155315115775	SAINSBURY, JAMES W	2700 E BAY DR, STE 207	LARGO	FL	33771	24	\$4,656.00	\$2,117.00	136	Y	S	
464114693	101745012278	SELMIC, NADEZDA	401 E LAS OLAS BLVD, STE 140	FORT LAUDERDALE	FL	33301	51	\$4,024.00	\$2,103.00	137	Y	G	
592756022	106959174139	FISTEL, ALAN	7522 WILES RD, STE 104	CORAL SPRINGS	FL	33067	23	\$3,691.00	\$2,095.20	138	Y	G	
592724644	114840255122	MCCAULEY, MARK C	3115 SOUTH FEDERAL HIGHWAY	DELRAY BEACH	FL	33483	30	\$6,456.00	\$2,085.00	139	Y	G	
272813237	183935433954	GUL, YOUSAF A	4189 SOUTHPOINT DR E	JACKSONVILLE	FL	32216	37	\$5,739.00	\$2,079.92	140	Y	G	
271509276	153893384387	TAHA, AHMED A	1640 S FEDERAL HWY	DELRAY BEACH	FL	33483	29	\$4,531.00	\$2,076.00	141	Y	G	
275473032	122327244477	IGUALADA HEINE, KRISTEN N	8585 SUNSET DR, STE 101	MIAMI	FL	33143	13	\$4,309.00	\$2,068.32	142	Y	S	
582676964	188039511082	ROSADO, ITZA M	12781 MIRAMAR PKWY, STE 201	MIRAMAR	FL	33027	38	\$4,750.00	\$2,068.00	143	Y	G	
205614193	163099470642	BENDA, NATALIA M	6361 N ANDREWS AVE	FORT LAUDERDALE	FL	33309	50	\$5,547.00	\$2,061.42	144	Y	G	
270129674	161364145488	FOX, ERIC G	5551 N UNIVERSITY DR, STE 203	CORAL SPRINGS	FL	33067	13	\$3,872.00	\$2,061.29	145	Y	S	
650821596	190189264027	BRADY, MICHAEL	4330 W BROWARD BLVD, SUIT T	PLANTATION	FL	33317	17	\$6,190.00	\$2,058.00	146		G	
650975638	157019191173	GARCIA, KATHY	1019 S UNIVERSITY DR	PLANTATION	FL	33324	61	\$3,426.00	\$2,057.10	147	Y	S	
591693658	125996551511	BUSSELL, ALAN J	6269 N UNIVERSITY DR	TAMARAC	FL	33321	26	\$3,958.00	\$2,050.00	148	Y	G	
650121690	136794405532	GARCIA, JUAN M	1490 W 49TH PL, STE 450	HIALEAH	FL	33012	51	\$4,618.00	\$2,035.00	149	Y	G	
113697263	175849481940	MOST, DOUGLAS S	544 NW UNIVERSITY BLVD, STE 105	PORT SAINT LUCIE	FL	34986	11	\$4,226.00	\$2,014.00	150	Y	S	
030576797	123554094648	SORROZA, JENNIFER P	435 E SHERIDAN ST	DANIA	FL	33004	65	\$7,986.00	\$1,981.00	151	Y	G	
463455311	169878070034	ISRAEL, ELIE	305 E ALTAMONTE SPRINGS DR, STE 1020	ALTAMONTE SPRINGS	FL	32701	23	\$5,965.00	\$1,974.86	152	Y	G	
650559387	161019352875	PYLE, STEPHEN J	2239 N COMMERCE PKWY, SUITE 1	WESTON	FL	33326	30	\$2,050.00	\$1,966.00	153		G	
650632466	107799190668	HERNANDEZ, LILIANA J	4750 NW 7TH ST, STE 10	MIAMI	FL	33126	20	\$2,719.00	\$1,947.64	154	Y	G	
010718993	151478485787	NUDEL, TATYANA	7321 N STATE ROAD 7	PARKLAND	FL	33073	34	\$3,185.00	\$1,946.00	155	Y	G	
650943768	145749190319	LICHSTRAHL, JARED E	301 NW 84TH AVE, STE 203	PLANTATION	FL	33324	12	\$4,160.00	\$1,943.60	156	Y	S	
261669042	105408451924	BRILLIANT, MARGO K	18851 NE 29TH AVE, STE 300	AVENTURA	FL	33180	21	\$4,416.00	\$1,943.36	157	Y	S	
260353884	108609101818	CIMAND, TAMI	7797 N UNIVERSITY DR, STE 201	TAMARAC	FL	33321	19	\$4,319.00	\$1,924.80	158		G	
650908498	178542293731	DAROJAT, ZUHDIYAH M	305 E ALTAMONTE SPRINGS DR, STE 1020	ALTAMONTE SPRINGS	FL	32701	23	\$4,763.00	\$1,920.00	159	Y	G	
263394448	129260123513	HILALI, MANAL	10151 W COMMERCIAL BLVD	SUNRISE	FL	33351	39	\$4,155.00	\$1,911.00	160	Y	G	
208737121	169722130821	BROWNE, ANDREW M	9789 GLADES RD	BOCA RATON	FL	33434	18	\$3,003.00	\$1,888.90	161		G	
465601000	167021195849	CASAS, SILVIA B	951 NE 167TH ST, STE 104	NORTH MIAMI BEACH	FL	33162	36	\$5,188.00	\$1,882.00	162	Y	G	
650043559	111854003161	ARENAS, JORGE A	10271 PINES BLVD	PEMBROKE PINES	FL	33026	63	\$5,370.00	\$1,874.00	163	Y	G	



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650387750	174670144770	FEDELE, MARK W	500 NW DIXIE HWY SOUTH	STUART	FL	34994	40	\$2,024.00	\$1,871.00	164		G	
651030631	195984533263	ARNOLD, PATRICK B	4800 NE 20TH TER, STE 205	FT LAUDERDALE	FL	33308	64	\$3,297.00	\$1,864.00	165	Y	S	
591263751	158350005105	BLUTH, BARRY A	4175 SW 64TH AVE, STE 103-104	DAVIE	FL	33314	30	\$3,992.00	\$1,854.00	166	Y	G	
592582825	187609120276	KUSHNER, BENN M	10031 PINES BLVD, STE W101	PEMBROKE PINES	FL	33024	20	\$4,754.00	\$1,843.00	167	Y	G	
593752296	132640102910	BENDER, FARA	6169 JOG RD, SUITE B-5	LAKE WORTH	FL	33467	39	\$2,075.00	\$1,837.00	168		S	
650976774	180688395407	RING, CHRISTIAN D	1776 N PINE ISLAND RD, STE 300	PLANTATION	FL	33322	46	\$3,912.00	\$1,831.60	169	Y	G	
591944868	127329323404	PARKER, STEPHEN T	1003 N 35TH AVE	HOLLYWOOD	FL	33021	27	\$2,465.00	\$1,826.60	170		G	
200185918	185572251671	PLOWER, KATARZYNA J	2275 20TH ST	VERO BEACH	FL	32960	33	\$5,685.00	\$1,826.20	171	Y	G	
260518079	183289261520	REZAI, YEGANEH	3801 HOLLYWOOD BLVD, STE 225	HOLLYWOOD	FL	33021	69	\$8,096.00	\$1,819.64	172	Y	G	
592459372	195350334350	SPOONT, E R	21301 POWERLINE RD, SUITE 208	BOCA RATON	FL	33433	20	\$4,473.00	\$1,814.30	173		G	
391221409	161780455715	STEINMETZ, MARK J	W3132 VAN ROY RD	APPLETON	WI	54915	18	\$3,078.00	\$1,801.00	174		S	
592051908	100120005705	ROSENTHAL, ALLEN H	3836 N UNIVERSITY DR	SUNRISE	FL	33351	14	\$10,263.00	\$1,799.00	175	Y	G	
453740998	120139004497	SEVEL, DENNIS S	1350 SW 160TH AVE	WESTON	FL	33326	21	\$22,269.00	\$1,797.77	176	Y	G	
650234930	121489134568	GITTESS, LAURIE B	1625 N COMMERCE PKWY, STE 317	WESTON	FL	33326	14	\$3,742.00	\$1,796.16	177	Y	S	
562338791	129659190249	KAWA, LARRY B	20423 STATE ROAD 7, STE F18	BOCA RATON	FL	33498	31	\$3,741.22	\$1,780.80	178	Y	S	
273533121	162965110591	JAMES, KEVIN K	685 ROYAL PALM BEACH BLVD, STE 204	ROYAL PALM BEACH	FL	33411	25	\$4,120.00	\$1,774.99	179	Y	G	
650518576	148629543615	DAVIS III, JOHN M	19 NE 22ND AVE	POMPANO BEACH	FL	33062	10	\$4,150.00	\$1,765.20	180		G	
651081473	135089573418	NEULS, JULIA W	2633 E COMMERCIAL BLVD STE B	FORT LAUDERDALE	FL	33308	23	\$2,264.00	\$1,764.60	181		G	
201677120	143269064333	SHULLMAN, HOWARD B	12634 PINES BLVD	PEMBROKE PINES	FL	33027	20	\$4,113.22	\$1,751.80	182		S	
592343174	183783010611	LLERA, ANTONIO J	2607 DAVIE BLVD	FORT LAUDERDALE	FL	33312	15	\$3,327.00	\$1,740.67	183	Y	G	
048949574	183661452600	GHODSI, SHAYAN	9375 W SAMPLE RD	CORAL SPRINGS	FL	33065	14	\$3,620.00	\$1,737.80	184	Y	G	
451484825	139950263501	FRIEDLAND, BRYAN J	4800 NE 20TH TER, STE 215	FT LAUDERDALE	FL	33308	33	\$4,810.00	\$1,735.00	185	Y	G	
592530483	195189173796	ONGLEY, B LINDA	1945 N PINE ISLAND RD	SUNRISE	FL	33322	23	\$3,780.00	\$1,719.40	186	Y	G	
651021909	124058512273	ROMASAN, OANA	1700 NE 26TH ST, STE 1	WILTON MANORS	FL	33305	50	\$2,917.00	\$1,715.00	187	Y	S	
454337609	162028585001	BAUTISTA, ENRICO S	1776 N PINE ISLAND RD, STE 300	PLANTATION	FL	33322	37	\$7,493.00	\$1,712.21	188	Y	G	
200185918	183124405368	RODRIGUEZ, JORGE A	11130 N KENDALL DR, STE 202	MIAMI	FL	33176	18	\$5,174.00	\$1,707.00	189	Y	G	
471565474	160740005471	FALLAH, ROUHOLLAH	7100 W COMMERCIAL BLVD, STE 108	LAUDERHILL	FL	33319	37	\$4,730.00	\$1,694.00	190	Y	G	
454640768	166936590604	ELLIOT, JEFFREY F	9600 W SAMPLE RD, STE 504	CORAL SPRINGS	FL	33065	14	\$3,452.00	\$1,689.83	191	Y	G	
471601631	176641271734	MINGEL, MARC A	6702 N UNIVERSITY DR	TAMARAC	FL	33321	26	\$3,470.00	\$1,679.70	192	Y	G	
901032331	173882523795	OCHOA, LUIS H	5740 HOLLYWOOD BLVD	HOLLYWOOD	FL	33021	15	\$3,407.00	\$1,676.00	193		G	
650601646	183108254320	PORRAS, EDGAR J	12251 TAFT ST, STE 404	PEMBROKE PINES	FL	33026	8	\$2,470.00	\$1,670.00	194	Y	S	
263005908	129216502952	SPENCER, SCOTT B	210 JUPITER LAKES BLVD, BLDG 5000 STE 204	JUPITER	FL	33458	8	\$3,470.00	\$1,665.60	195	Y	S	
650286174	178819185892	GORFINKEL, MICHAEL S	111 N PINE ISLAND RD, STE 101	PLANTATION	FL	33324	37	\$2,437.00	\$1,660.00	196	Y	G	
650879389	150264384562	KLEIN, MITCHELL J	7228 W OAKLAND PARK BLVD	LAUDERHILL	FL	33313	20	\$4,460.00	\$1,660.00	197	Y	G	
591290474	130549321295	OZGA, GARY F	1296 S FEDERAL HWY	POMPANO BEACH	FL	33062	23	\$2,357.00	\$1,651.40	198		G	
208754293	175865021861	ROSEFF, MICHAEL J	8784 BOYNTON BEACH BLVD, STE 103	BOYNTON BEACH	FL	33472	36	\$2,383.00	\$1,650.00	199	Y	S	
810671550	196349131628	ARON, ROBERT S	1874 W HILLSBORO BLVD	DEERFIELD BEACH	FL	33442	27	\$2,388.00	\$1,650.00	200		G	
911891746	139160543712	CIRTAUT, LINDA M	PO BOX 13828	MILL CREEK	WA	98082	14	\$3,773.00	\$1,614.00	201		G	
592289312	152159325563	BERRY, BRYAN W	800 E BROWARD BLVD STE 410	FT LAUDERDALE	FL	33301	27	\$4,342.00	\$1,606.00	202		G	
650908498	193592390723	PROANO WISE, NANCY L	2600 W FLAGLER ST	MIAMI	FL	33135	7	\$3,342.00	\$1,604.16	203	Y	S	
200185918	194217572779	WALDEE, KERRY G	817 S UNIVERSITY DR, SUITE 103	PLANTATION	FL	33324	10	\$2,844.00	\$1,602.37	204		G	



CITY OF FORT LAUDERDALE - 573978

Paid Claims 1/01/2016 - 12/31/2016

Provider IRS Nbr	Provider System Assigned Number	Provider Name	Provider Address	Provider City	State	Zip	Service Units	Charge Amount	Final Liability	Rank	In Plan Y=yes	Dentist Type:	
												G = general,	S = specialist
582407716	196069492468	YATES, DAVID W	2474 SE FEDERAL HWY	STUART	FL	34994	11	\$2,159.00	\$1,595.20	205		G	
650731323	155018063121	KRIMSKY, PETER K	7408 NW 5TH ST	PLANTATION	FL	33317	31	\$2,565.00	\$1,574.00	206	Y	G	
651007689	115039541637	ROTHFIELD, ELIZABETH A	4601 HOLLYWOOD BLVD	HOLLYWOOD	FL	33021	42	\$3,276.00	\$1,556.05	207	Y	G	
591614126	154578185367	BAROGIANNIS, CONSTANTINOS	2440 E COMMERCIAL BLVD	FORT LAUDERDALE	FL	33308	19	\$15,902.00	\$1,521.00	208		G	
223868692	181599415060	OKLIN, RICHARD S	6805 PEMBROKE RD	HOLLYWOOD	FL	33023	4	\$2,900.00	\$1,506.90	209		G	
651077289	150514410071	BENNETT, DAVID A	10305 NW 41ST ST, STE 207	DORAL	FL	33178	21	\$6,926.00	\$1,502.97	210	Y	G	
273480873	168307362231	ANAND, PAYAL M	2410 N UNIVERSITY DR	CORAL SPRINGS	FL	33065	13	\$4,038.00	\$1,501.44	211	Y	G	
593694196	170220015535	HUHN, CLETE F	1100 S ORANGE AVE	ORLANDO	FL	32806	9	\$8,138.00	\$1,500.89	212	Y	G	
650349658	188460274805	ZIADIE, ELIZABETH T	9720 STIRLING RD, STE 211	COOPER CITY	FL	33024	27	\$3,424.00	\$1,500.00	213	Y	G	
650006275	108780010217	SHIFFMAN, HARVEY S	8200 S JOG RD, STE 201	BOYNTON BEACH	FL	33472	26	\$4,681.00	\$1,500.00	214	Y	G	
461139956	166728243494	LEKKAS, NICK	2870 NE 8TH ST	HOMESTEAD	FL	33033	16	\$4,881.00	\$1,500.00	215	Y	S	
200185918	110069451976	HOHIMER JR, DAVID M	817 S UNIVERSITY DR SU	PLANTATION	FL	33324	16	\$6,643.00	\$1,500.00	216		G	
542079759	142521003166	KAUFMAN, ROBERT H	4665 W ATLANTIC AVE	DELRAY BEACH	FL	33445	14	\$17,354.00	\$1,500.00	217		S	
650144056	158531585967	COHEN, JEFFREY	4324 FOREST HILL BLVD	WEST PALM BEACH	FL	33406	12	\$4,036.00	\$1,500.00	218		S	
650854084	176745311921	MEIER, SCOTT F	500 UNIVERSITY BLVD, STE 112	JUPITER	FL	33458	11	\$3,347.00	\$1,500.00	219	Y	S	
200010251	132889142957	MARCHETTO, JOHN J	1600 TOWN CENTER BLVD STE A	WESTON	FL	33326	11	\$3,304.00	\$1,500.00	220		G	
592714865	109098214594	LUNSFORD, JOSEPH L	6736 FOREST HILL BLVD	GREENACRES	FL	33413	8	\$3,678.00	\$1,500.00	221		G	
260042734	174242190725	MORROW, RICHARD S	1881 N UNIVERSITY DR, STE 2012	CORAL SPRINGS	FL	33071	7	\$3,739.00	\$1,500.00	222	Y	S	
582592630	153419591601	REILLY, JAMES W	1150 HAMMOND DR STE 200	ATLANTA	GA	30328	6	\$3,550.00	\$1,500.00	223		G	
650642600	134110435053	DARLING, STEVEN G	8190 S JOG RD, STE 200	BOYNTON BEACH	FL	33472	6	\$3,868.00	\$1,500.00	224		S	
591273519	106467470331	SANDS, JAMES D	5890 HALLANDALE BEACH BLVD	WEST HOLLYWOOD	FL	33023	41	\$3,256.00	\$1,494.00	225	Y	G	
650481999	102264282604	WASSERMAN, ALAN G	22053 STATE ROAD 7	BOCA RATON	FL	33428	27	\$5,769.00	\$1,474.61	226	Y	G	
204132428	152973285683	SAIDI, ARDAVAN	119 WASHINGTON AVE, SUITE 601	MIAMI BEACH	FL	33139	7	-\$115.00	\$1,471.33	227	Y	G	
650719035	175809041875	STARKMAN, JEFFREY A	11682B US HIGHWAY 1, STE 60	PALM BEACH GARDENS	FL	33408	16	\$9,667.00	\$1,461.44	228	Y	S	
010924720	130795400752	KOCHER, JENNIFER C	7593 BOYNTON BEACH BLVD, STE 200	BOYNTON BEACH	FL	33437	18	\$4,561.00	\$1,461.00	229	Y	G	
205495196	119454405374	GOMEZ TRAINOR, SANDRA P	1740 E COMMERCIAL BLVD	FORT LAUDERDALE	FL	33334	23	\$2,480.00	\$1,441.75	230	Y	G	
650019957	159884394417	EPSTEIN, MITCHELL R	8430 W BROWARD BLVD, STE 100	PLANTATION	FL	33324	25	\$2,527.00	\$1,437.00	231	Y	G	
650721202	100470040654	VALLEJO, FREDDY A	600 S PINE ISLAND RD, SUIT #201	PLANTATION	FL	33324	19	\$3,144.00	\$1,437.00	232		G	
592135962	119299324646	WALSH, JOSEPH C	2600 N MILITARY TRL STE 3	BOCA RATON	FL	33431	16	\$4,354.00	\$1,436.00	233		G	
264306631	133139352403	SHULTS, RANDALL C	1200 CORPORATE CENTER WAY, SUITE 100	WELLINGTON	FL	33414	6	\$2,392.00	\$1,435.20	234		S	
592303705	159159561469	PATEL, JITENDRA L	4651 NW 31ST AVE	TAMARAC	FL	33309	22	\$1,825.00	\$1,431.00	235	Y	G	
451797933	176296594921	ZOMBKE, STEVEN J	EMERALD HILLS MEDICAL SQU, 4480 SHERIDAN ST	HOLLYWOOD	FL	33021	25	\$18,093.14	\$1,424.25	236		G	
830401313	176469580201	WINTON, ADAM J	1201 E SAMPLE RD, STE 101	POMPANO BEACH	FL	33064	5	\$2,517.00	\$1,422.00	237	Y	S	
650981758	150360072234	STOKESBERRY, DOUGLAS A	9204 NE 6TH AVE	MIAMI SHORES	FL	33138	31	\$1,510.00	\$1,420.00	238		G	
591967618	177159323610	LEV, ROBERT J	8383 PINES BLVD	PEMBROKE PINES	FL	33024	22	\$2,294.00	\$1,419.00	239	Y	G	
900923182	157798104635	FENDRICH, LAURENCE E	18431 MIRAMAR PKWY	MIRAMAR	FL	33029	15	\$2,438.00	\$1,418.00	240		G	
461424382	189739324711	FRIEDEL, LEE M	1605 TOWN CENTER BLVD, STE B	WESTON	FL	33326	4	\$3,553.00	\$1,414.85	241	Y	G	
471526151	136990461115	KROHN, MEL R	7500 NW 5TH ST, STE 105	PLANTATION	FL	33317	0	\$656.00	\$1,410.00	242	Y	S	
650795660	132916135000	BAGHDASSARIAN, ROSEMARY	1608 E COMMERCIAL BLVD	OAKLAND PARK	FL	33334	17	\$3,253.00	\$1,395.00	243	Y	G	
203965948	171659452840	SAJOO, SAMEER	3471 N FEDERAL HWY STE 200	FORT LAUDERDALE	FL	33306	24	\$1,667.00	\$1,388.00	244		G	
264745380	133634114138	BLANCO, YAMILET	800 E MERRITT ISLAND CSWY, STE 105	MERRITT ISLAND	FL	32952	2	\$2,800.00	\$1,386.00	245		S	



CITY OF FORT LAUDERDALE - 573978

Paid Claims 1/01/2016 - 12/31/2016

Provider IRS Nbr	Provider System Assigned Number	Provider Name	Provider Address	Provider City	State	Zip	Service Units	Charge Amount	Final Liability	Rank	In Plan Y=yes	Dentist Type:
												G = general, S = specialist
650962928	118840011016	EGGNATZ, MICHAEL D	17190 ROYAL PALM BLVD, SUITE #4	WESTON	FL	33326	17	\$2,088.00	\$1,385.00	246		G
650796764	104619353332	DESENZE, PHILIP S	540 E MCNAB RD, STE E	POMPANO BEACH	FL	33060	27	\$2,957.00	\$1,379.80	247	Y	G
592655484	121344530600	MALIK, SAWAN K	1027 SE 17TH ST	FORT LAUDERDALE	FL	33316	1	\$1,900.00	\$1,377.00	248		S
203404121	131339042595	ARDALAN, AMIR R	374 SW PRIMA VISTA BLVD.	PORT ST. LUCIE	FL	34983	23	\$1,612.00	\$1,376.00	249		S
651131832	109558354213	MARTINEZ, MARIO J	6601 SW 80TH ST STE 212	MIAMI	FL	33143	22	\$1,793.00	\$1,375.00	250		S

Dental Savings Report

Group Name:	CITY OF FORT LAUDERDALE	Claims Paid:	01/01/2016 - 12/31/2016
Group #:	573978		

Orthodontic claims are excluded from this report. Members will receive applicable network discounts.

System Savings

Claims Charge Amount	\$2,350,867.68	
Duplicate Claim Savings	\$102,514.93	4.4%
Missing Claim Information Amount	\$109,939.84	4.7%
Non-Network Dentist Savings	\$35,539.04	1.5%
Eligibility Verification Savings	\$7,319.52	0.3%
Dental Logic Savings	\$232,690.29	9.9%
Adjustment and Misc. Savings	\$16,574.95	0.7%
System Savings Total ¹	\$504,578.57	21.5%
Covered Claims before Discount Savings	\$1,846,289.11	

	In Plan		Out of Plan		Total	
Network Savings						
Network Provider Discount Savings ²	\$547,241.79	39.8%	\$0.00	0.0%	\$547,241.79	29.6%
Covered Claims Amount	\$829,323.70		\$469,723.62		\$1,299,047.32	
Insured Cost Sharing						
Deductible Amount	\$15,667.00	1.9%	\$26,099.00	5.6%	\$41,766.00	3.2%
Coinsurance Amount	\$72,563.29	8.7%	\$78,106.31	16.6%	\$150,669.60	11.6%
COB Payment Amount	\$5,353.05	0.6%	\$1,885.98	0.4%	\$7,239.03	0.6%
Plan Maximum Savings	\$47,682.46	5.7%	\$68,702.77	14.6%	\$116,385.23	9.0%
Insured Cost Sharing Total ³	\$141,265.80	17.0%	\$174,794.06	37.2%	\$316,059.86	24.3%
Final Liability Amount	\$688,057.90		\$294,929.56		\$982,987.46	
Claim Covered Percent (Network Redirect)	74.6%		25.4%		100.0%	
System Savings ¹					\$504,578.57	21.5%
Network Savings ²					\$547,241.79	29.6%
Insured Cost Sharing ¹					\$316,059.86	13.4%
Total Savings					\$1,367,880.22	58.2%

Member Months	36,607	36,607	36,607
Claims Charge PMPM	\$46.27	\$17.95	\$64.22
Network Savings PSPM	\$34.61	\$0.00	\$34.61
Network Savings PMPM	\$14.95	\$0.00	\$14.95
Covered Claims PMPM	\$22.65	\$12.83	\$35.49
Final Liability PMPM	\$18.80	\$8.06	\$26.85

¹Percent of claims charge amount

²Percent of covered claims before discount

³Percent of covered claims

February 09, 2017

City of Fort Lauderdale
CITY OF FORT LAUDERDALE (#573978)
Claims Matrix Report - Incurred Month vs. Paid Month
Paid through 1/1/2016

Bid 575-11928

Incurred Date														
Paid Date	1/1/2016	2/1/2016	3/1/2016	4/1/2016	5/1/2016	6/1/2016	7/1/2016	8/1/2016	9/1/2016	10/1/2016	11/1/2016	12/1/2016	2016 Total	Grand Total
1/1/2016	\$40,026	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$40,026	\$40,026
2/1/2016	\$41,563	\$49,063	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$90,626	\$90,626
3/1/2016	\$5,565	\$30,882	\$62,988	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$99,435	\$99,435
4/1/2016	\$1,680	\$3,460	\$49,789	\$39,584	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$94,513	\$94,513
5/1/2016	\$2,520	\$3,046	\$6,230	\$38,039	\$42,642	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$92,477	\$92,477
6/1/2016	-\$114	\$122	\$2,068	\$3,302	\$32,486	\$45,786	\$0	\$0	\$0	\$0	\$0	\$0	\$83,651	\$83,651
7/1/2016	\$1,582	\$43	\$60	\$3,245	\$2,135	\$41,863	\$42,950	\$0	\$0	\$0	\$0	\$0	\$91,878	\$91,878
8/1/2016	\$163	\$1,878	\$304	\$1,487	\$33	\$3,377	\$33,690	\$52,997	\$0	\$0	\$0	\$0	\$93,929	\$93,929
9/1/2016	-\$377	\$0	\$1,241	\$874	\$533	\$1,569	\$4,363	\$33,112	\$48,618	\$0	\$0	\$0	\$89,933	\$89,933
10/1/2016	\$1,112	\$409	\$334	\$731	\$1,486	\$2,142	\$756	\$5,540	\$33,817	\$38,887	\$0	\$0	\$85,214	\$85,214
11/1/2016	\$716	\$0	\$264	\$123	\$2,052	\$250	\$229	\$1,935	\$5,640	\$29,531	\$44,704	\$0	\$85,444	\$85,444
12/1/2016	\$185	\$95	\$105	\$72	\$468	\$163	\$607	\$1,110	\$2,590	\$4,982	\$25,360	\$49,973	\$85,711	\$85,711
Grand Total	\$94,621	\$88,998	\$123,383	\$87,457	\$81,835	\$95,150	\$82,595	\$94,694	\$90,665	\$73,400	\$70,065	\$49,973	\$1,032,836	\$1,032,836

Dental Paid Claims and Membership

CITY OF FORT LAUDERDALE (#573978)

Current as of 2/9/2017

Division ID	(All)
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Benefit Pkg	Snapshot Date	Employee	Family	EE&Child	EE&Spouse	EE & 1 Dep	Total Subs	Total Members	Gross Premium	Paid Claims
CR3ECFL1 - General Employees (Non-Firefig)	1/1/2016	135	155	50	66	0	406	1,015	\$36,665.59	\$28,344.75
	2/1/2016	135	155	51	65	0	406	1,018	\$36,668.22	\$37,726.56
	3/1/2016	138	158	50	66	0	412	1,030	\$37,181.20	\$33,141.09
	4/1/2016	142	158	47	66	0	413	1,026	\$37,092.05	\$35,490.97
	5/1/2016	142	158	48	64	0	412	1,023	\$37,000.74	\$33,758.82
	6/1/2016	141	160	50	63	0	414	1,034	\$37,293.26	\$33,995.55
	7/1/2016	144	162	49	63	0	418	1,041	\$37,590.57	\$42,005.76
	8/1/2016	142	164	50	63	0	419	1,047	\$37,830.32	\$39,235.33
	9/1/2016	141	162	50	64	0	417	1,041	\$37,630.66	\$37,036.62
	10/1/2016	142	162	50	62	0	416	1,038	\$37,492.92	\$30,856.77
	11/1/2016	142	160	52	62	0	416	1,035	\$37,442.60	\$35,606.45
	12/1/2016	143	159	52	63	0	417	1,035	\$37,464.95	\$37,358.10
CR3ECFL1 - General Employees (Non-Firefig) Total		1,687	1,913	599	767	0	4,966	12,383	\$447,353.08	\$424,556.77
CR3ECFL3 - Firefig	1/1/2016	129	142	47	50	0	368	939	\$20,680.20	\$17,442.62
	2/1/2016	128	142	47	50	0	367	938	\$20,650.79	\$21,207.34
	3/1/2016	129	143	47	50	0	369	944	\$20,764.41	\$25,944.96
	4/1/2016	131	142	47	49	0	369	941	\$20,685.26	\$25,875.30
	5/1/2016	131	142	47	49	0	369	941	\$20,685.26	\$20,988.43
	6/1/2016	130	142	48	50	0	370	944	\$20,757.28	\$22,029.53
	7/1/2016	130	141	48	49	0	368	938	\$20,619.31	\$18,699.10
	8/1/2016	129	140	48	49	0	366	934	\$20,505.69	\$23,994.52
	9/1/2016	128	136	49	48	0	361	920	\$20,133.35	\$20,623.93
	10/1/2016	128	135	49	48	0	360	916	\$20,049.14	\$19,616.67
	11/1/2016	136	136	49	48	0	369	928	\$20,368.63	\$17,599.79
	12/1/2016	136	137	50	48	0	371	935	\$20,500.51	\$19,304.67
CR3ECFL3 - Firefighters DPPO Total		1,565	1,678	576	588	0	4,407	11,218	\$246,399.83	\$253,326.86
CR3VCFL1 - General Employees (Non-Firefig)	1/1/2016	261	108	48	125	0	542	1,098	\$42,732.97	\$30,769.96
	2/1/2016	263	108	48	124	0	543	1,097	\$42,617.58	\$44,152.54
	3/1/2016	261	106	48	123	0	538	1,084	\$42,179.90	\$51,811.57
	4/1/2016	260	106	50	123	0	539	1,090	\$42,322.90	\$37,997.37
	5/1/2016	256	107	49	124	0	536	1,089	\$42,241.44	\$40,163.77
	6/1/2016	259	107	49	124	0	539	1,091	\$42,391.86	\$28,517.08
	7/1/2016	256	107	49	125	0	537	1,091	\$42,335.38	\$33,157.28
	8/1/2016	259	106	46	125	0	536	1,082	\$42,074.36	\$32,677.85
	9/1/2016	263	105	46	124	0	538	1,081	\$42,059.25	\$32,485.52

CR3VCFL1 - General Employees (Non-Fire)	10/1/2016	258	105	46	125	0	534	1,078	\$41,902.49	\$34,865.40
	11/1/2016	257	104	44	125	0	530	1,068	\$41,537.48	\$32,237.69
	12/1/2016	256	103	43	125	0	527	1,057	\$41,269.04	\$30,231.92
CR3VCFL1 - General Employees (Non-Fire) Total		3,109	1,272	566	1,492	0	6,439	13,006	\$505,664.65	\$429,067.95
FL3E1089 - General Employees DHMO Total	1/1/2016	40	18	7	14	0	79	150	\$2,095.34	\$0.00
	2/1/2016	41	17	7	14	0	79	148	\$2,080.26	\$0.00
	3/1/2016	41	17	8	14	0	80	150	\$2,113.81	\$0.00
	4/1/2016	43	17	8	14	0	82	152	\$2,145.75	\$0.00
	5/1/2016	42	20	9	14	0	85	166	\$2,304.39	\$0.00
	6/1/2016	45	20	9	13	0	87	167	\$2,324.35	\$0.00
	7/1/2016	47	20	9	13	0	89	169	\$2,356.29	\$0.00
	8/1/2016	50	20	9	12	0	91	170	\$2,376.25	\$0.00
	9/1/2016	51	21	9	15	0	96	183	\$2,523.09	\$0.00
	10/1/2016	47	21	10	16	0	94	185	\$2,520.71	\$0.00
	11/1/2016	47	21	8	15	0	91	179	\$2,459.21	\$0.00
	12/1/2016	47	21	8	15	0	91	179	\$2,459.21	\$0.00
FL3E1089 - General Employees DHMO Total		541	233	101	169	0	1,044	1,998	\$27,758.66	\$0.00
FL3V0735 - Teamsters DHMO Total	1/1/2016	214	72	59	69	0	414	803	\$10,726.99	\$0.00
	2/1/2016	212	73	58	68	0	411	797	\$10,664.60	\$0.00
	3/1/2016	213	73	58	69	0	413	801	\$10,708.52	\$0.00
	4/1/2016	216	70	58	70	0	414	792	\$10,643.32	\$0.00
	5/1/2016	219	68	61	69	0	417	791	\$10,669.89	\$0.00
	6/1/2016	218	67	60	68	0	413	780	\$10,545.40	\$0.00
	7/1/2016	221	68	59	69	0	417	785	\$10,634.73	\$0.00
	8/1/2016	227	68	60	70	0	425	797	\$10,792.05	\$0.00
	9/1/2016	223	69	62	69	0	423	796	\$10,814.34	\$0.00
	10/1/2016	222	69	65	71	0	427	808	\$10,954.92	\$0.00
	11/1/2016	222	70	65	71	0	428	812	\$11,001.94	\$0.00
	12/1/2016	223	70	65	73	0	431	817	\$11,073.81	\$0.00
FL3V0735 - Teamsters DHMO Total		2,630	837	730	836	0	5,033	9,579	\$129,230.51	\$0.00
Grand Total		9,532	5,933	2,572	3,852	0	21,889	48,184	\$1,356,406.73	\$1,106,951.58

CITY OF FORT LAUDERDALE (#573978)

Paid Claims: 01/01/2016 - 12/31/2016

	Paid Claims
PREVENTIVE	\$466,782.52
BASIC	\$366,966.14
MAJOR	\$148,871.80
ORTHODONTICS	\$123,964.12
OTHER	\$367.00
Total	\$1,106,951.58

Dental Paid Claims and Membership

CITY OF FORT LAUDERDALE (#573978)

Current as of 9/28/2015

Division ID	(All)
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Benefit Pkg	Snapshot Date	Employee	Family	EE&Child	EE&Spouse	Total Subs	Total Members	Gross Premium	Paid Claims
CR3ECFL1	9/1/2014	120	149	41	58	368	945	\$31,963.60	\$33,249.55
	10/1/2014	116	149	42	58	365	944	\$31,864.57	\$36,948.70
	11/1/2014	115	149	42	56	362	939	\$31,637.88	\$24,479.81
	12/1/2014	114	148	43	57	362	939	\$31,655.64	\$33,069.06
	1/1/2015	138	162	45	65	410	1,043	\$35,297.90	\$38,497.55
	2/1/2015	138	159	45	65	407	1,030	\$34,976.57	\$41,288.11
	3/1/2015	135	159	45	65	404	1,027	\$34,833.32	\$24,526.05
	4/1/2015	135	157	44	64	400	1,015	\$34,420.02	\$40,580.65
	5/1/2015	133	156	45	64	398	1,011	\$34,300.56	\$30,519.49
	6/1/2015	131	155	44	65	395	1,004	\$34,086.63	\$30,144.67
	7/1/2015	131	155	44	65	395	1,004	\$34,086.63	\$32,975.80
	8/1/2015	129	153	45	64	391	994	\$33,761.77	\$36,792.65
CR3ECFL1 Total		1,535	1,851	525	746	4,657	11,895	\$402,885.09	\$403,072.09
CR3ECFL3	9/1/2014	144	140	39	53	376	936	\$19,745.64	\$25,255.72
	10/1/2014	144	140	40	52	376	937	\$19,710.84	\$22,354.07
	11/1/2014	144	140	40	52	376	937	\$19,739.84	\$20,509.73
	12/1/2014	142	140	40	53	375	937	\$19,735.02	\$25,948.54
	1/1/2015	142	142	39	47	370	929	\$19,542.82	\$15,788.16
	2/1/2015	142	141	39	47	369	925	\$19,462.62	\$19,529.50
	3/1/2015	143	141	39	46	369	924	\$19,439.43	\$21,251.49
	4/1/2015	143	141	39	46	369	924	\$19,439.43	\$25,923.95
	5/1/2015	139	139	39	46	363	912	\$19,166.99	\$22,010.62
	6/1/2015	139	139	39	46	363	912	\$19,166.99	\$16,430.52
	7/1/2015	140	139	40	45	364	914	\$19,189.20	\$18,276.84
	8/1/2015	140	140	39	44	363	913	\$19,172.80	\$22,223.39
CR3ECFL3 Total		1,702	1,682	472	577	4,433	11,100	\$233,511.62	\$255,502.53
CR3VCFL1	9/1/2014	227	98	53	113	491	1,021	\$37,184.91	\$29,125.03
	10/1/2014	228	97	53	114	492	1,019	\$37,206.20	\$38,361.43
	11/1/2014	230	97	53	113	493	1,019	\$37,212.23	\$30,377.07
	12/1/2014	229	97	53	113	492	1,018	\$37,164.48	\$32,803.33
	1/1/2015	250	103	50	117	520	1,055	\$38,944.78	\$45,300.64
	2/1/2015	247	104	48	117	516	1,050	\$38,733.52	\$36,676.26
	3/1/2015	246	103	48	116	513	1,044	\$38,480.37	\$43,053.29
	4/1/2015	244	103	48	115	510	1,040	\$38,295.40	\$37,942.60
	5/1/2015	243	102	47	115	507	1,034	\$38,039.75	\$35,934.30
	6/1/2015	243	102	47	115	507	1,034	\$38,039.75	\$35,084.31
	7/1/2015	244	102	46	114	506	1,031	\$37,906.06	\$21,570.17
	8/1/2015	244	102	45	113	504	1,026	\$37,724.62	\$31,958.41
CR3VCFL1 Total		2,875	1,210	591	1,375	6,051	12,391	\$454,932.07	\$418,186.84
Grand Total		6,112	4,743	1,588	2,698	15,141	35,386	\$1,091,328.78	\$1,076,761.46

City of Fort Lauderdale
Dental Plan Census 2017 - Active Employees and Retirees

	Employee Group	Gender	Birth Date-EE	Zip-EE	Plan Name	Coverage Option
1	IAFF	Male	2/25/1968	33178	DENTAL FIRE	Employee & Children
2	IAFF	Male	7/3/1956	33169	DENTAL FIRE	Employee & Children
3	IAFF	Male	1/7/1960	33311	DENTAL FIRE	Employee & Children
4	IAFF	Male	2/13/1968	33411	DENTAL FIRE	Employee & Children
5	IAFF	Male	5/12/1973	33029	DENTAL FIRE	Employee & Children
6	IAFF	Male	6/12/1986	33004	DENTAL FIRE	Employee & Children
7	IAFF	Male	1/11/1973	33305	DENTAL FIRE	Employee & Children
8	IAFF	Male	2/3/1969	33026	DENTAL FIRE	Employee & Children
9	IAFF	Male	12/28/1967	33026	DENTAL FIRE	Employee & Children
10	IAFF	Male	7/3/1984	33071	DENTAL FIRE	Employee & Children
11	IAFF	Male	10/8/1974	33037	DENTAL FIRE	Employee & Children
12	IAFF	Female	7/28/1982	33321	DENTAL FIRE	Employee & Children
13	IAFF	Male	10/7/1971	33331	DENTAL FIRE	Employee & Children
14	IAFF	Male	5/17/1975	33328	DENTAL FIRE	Employee & Children
15	IAFF	Male	2/15/1972	33406	DENTAL FIRE	Employee & Children
16	IAFF	Male	8/4/1983	32773	DENTAL FIRE	Employee & Children
17	IAFF	Female	9/5/1966	33470	DENTAL FIRE	Employee & Children
18	IAFF	Male	12/4/1959	33317	DENTAL FIRE	Employee & Children
19	IAFF	Male	2/11/1974	33431	DENTAL FIRE	Employee & Children
20	IAFF	Male	4/29/1978	33317	DENTAL FIRE	Employee & Children
21	IAFF	Female	7/14/1959	33304	DENTAL FIRE	Employee & Children
22	IAFF	Male	4/20/1982	33330	DENTAL FIRE	Employee & Children
23	IAFF	Female	3/1/1977	33338	DENTAL FIRE	Employee & Children
24	IAFF	Male	8/18/1969	33364	DENTAL FIRE	Employee & Children
25	IAFF	Male	4/16/1979	33463	DENTAL FIRE	Employee & Children
26	IAFF	Male	7/31/1976	33015	DENTAL FIRE	Employee & Children
27	IAFF	Male	2/13/1970	33181	DENTAL FIRE	Employee & Children
28	IAFF	Male	11/23/1976	33026	DENTAL FIRE	Employee & Children
29	IAFF	Female	4/9/1970	33314	DENTAL FIRE	Employee & Children
30	IAFF	Male	4/29/1977	33312	DENTAL FIRE	Employee & Children
31	IAFF	Male	5/21/1965	33065	DENTAL FIRE	Employee & Children
32	IAFF	Male	3/28/1983	33322	DENTAL FIRE	Employee & Children
33	IAFF	Male	6/21/1961	33411	DENTAL FIRE	Employee & Children
34	IAFF	Female	2/28/1973	33487	DENTAL FIRE	Employee & Children
35	IAFF	Male	8/8/1971	33019	DENTAL FIRE	Employee & Children
36	IAFF	Male	4/27/1974	33331	DENTAL FIRE	Employee & Children
37	IAFF	Male	12/12/1982	33325	DENTAL FIRE	Employee & Children
38	IAFF	Male	11/16/1980	33169	DENTAL FIRE	Employee & Children
39	IAFF	Male	9/27/1980	33056	DENTAL FIRE	Employee & Children
40	IAFF	Male	7/23/1965	34990	DENTAL FIRE	Employee & Children
41	IAFF	Female	12/1/1979	33413	DENTAL FIRE	Employee & Children
42	IAFF	Male	10/19/1969	33486	DENTAL FIRE	Employee & Children
43	IAFF	Male	11/11/1970	33428	DENTAL FIRE	Employee & Children
44	IAFF	Male	8/15/1965	33311	DENTAL FIRE	Employee & Children
45	IAFF	Male	10/14/1978	33467	DENTAL FIRE	Employee & Children
46	IAFF	Male	9/16/1977	33067-4511	DENTAL FIRE	Employee & Children
47	IAFF	Male	3/1/1963	34953	DENTAL FIRE	Employee & Spouse
48	IAFF	Male	10/29/1984	33441	DENTAL FIRE	Employee & Spouse
49	IAFF	Male	6/21/1983	33304	DENTAL FIRE	Employee & Spouse
50	IAFF	Male	9/30/1989	33024	DENTAL FIRE	Employee & Spouse
51	IAFF	Male	8/5/1965	34953	DENTAL FIRE	Employee & Spouse
52	IAFF	Male	10/18/1984	33434	DENTAL FIRE	Employee & Spouse
53	IAFF	Male	6/4/1958	33305	DENTAL FIRE	Employee & Spouse
54	IAFF	Male	8/2/1987	33428	DENTAL FIRE	Employee & Spouse
55	IAFF	Male	11/16/1965	34957	DENTAL FIRE	Employee & Spouse
56	IAFF	Male	4/27/1986	33063	DENTAL FIRE	Employee & Spouse
57	IAFF	Male	12/17/1981	33332	DENTAL FIRE	Employee & Spouse
58	IAFF	Male	3/7/1978	33458	DENTAL FIRE	Employee & Spouse
59	IAFF	Male	12/10/1969	33062	DENTAL FIRE	Employee & Spouse
60	IAFF	Male	10/28/1961	33317	DENTAL FIRE	Employee & Spouse
61	IAFF	Male	9/4/1986	33324	DENTAL FIRE	Employee & Spouse
62	IAFF	Male	8/26/1978	33470	DENTAL FIRE	Employee & Spouse
63	IAFF	Male	1/22/1964	33021	DENTAL FIRE	Employee & Spouse

1	IAFF	Male	2/25/1968	33178	DENTAL FIRE Employee & Children
2	IAFF	Male	7/3/1956	33169	DENTAL FIRE Employee & Children
3	IAFF	Male	1/7/1960	33311	DENTAL FIRE Employee & Children
64	IAFF	Male	8/7/1986	33437	DENTAL FIRE Employee & Spouse
65	IAFF	Male	10/25/1982	33024	DENTAL FIRE Employee & Spouse
66	IAFF	Male	7/30/1965	34986	DENTAL FIRE Employee & Spouse
67	IAFF	Male	8/26/1985	33314	DENTAL FIRE Employee & Spouse
68	IAFF	Male	11/8/1964	33478	DENTAL FIRE Employee & Spouse
69	IAFF	Male	7/11/1973	33065	DENTAL FIRE Employee & Spouse
70	IAFF	Male	2/18/1961	33063	DENTAL FIRE Employee & Spouse
71	IAFF	Male	2/8/1965	33308	DENTAL FIRE Employee & Spouse
72	IAFF	Male	5/12/1981	33442	DENTAL FIRE Employee & Spouse
73	IAFF	Male	9/5/1971	33323	DENTAL FIRE Employee & Spouse
74	IAFF	Male	2/17/1973	33322	DENTAL FIRE Employee & Spouse
75	IAFF	Male	9/29/1986	33157	DENTAL FIRE Employee & Spouse
76	IAFF	Male	12/23/1973	33446	DENTAL FIRE Employee & Spouse
77	IAFF	Male	1/6/1966	33412	DENTAL FIRE Employee Only/Single
78	IAFF	Male	7/18/1985	33024	DENTAL FIRE Employee Only/Single
79	IAFF	Male	4/24/1988	33317	DENTAL FIRE Employee Only/Single
80	IAFF	Male	8/25/1978	33411	DENTAL FIRE Employee Only/Single
81	IAFF	Male	9/7/1976	33067	DENTAL FIRE Employee Only/Single
82	IAFF	Male	8/25/1971	32803	DENTAL FIRE Employee Only/Single
83	IAFF	Male	11/11/1963	33315	DENTAL FIRE Employee Only/Single
84	IAFF	Male	3/19/1987	33483	DENTAL FIRE Employee Only/Single
85	IAFF	Female	5/29/1986	33065	DENTAL FIRE Employee Only/Single
86	IAFF	Male	7/15/1969	33062	DENTAL FIRE Employee Only/Single
87	IAFF	Male	4/2/1959	33311	DENTAL FIRE Employee Only/Single
88	IAFF	Male	10/5/1968	33414	DENTAL FIRE Employee Only/Single
89	IAFF	Male	12/22/1971	33325	DENTAL FIRE Employee Only/Single
90	IAFF	Male	2/22/1990	33165	DENTAL FIRE Employee Only/Single
91	IAFF	Male	10/27/1985	33160	DENTAL FIRE Employee Only/Single
92	IAFF	Male	10/3/1992	33301	DENTAL FIRE Employee Only/Single
93	IAFF	Male	9/4/1987	33325	DENTAL FIRE Employee Only/Single
94	IAFF	Male	8/31/1982	33334	DENTAL FIRE Employee Only/Single
95	IAFF	Male	9/13/1984	33411	DENTAL FIRE Employee Only/Single
96	IAFF	Male	9/10/1989	33434	DENTAL FIRE Employee Only/Single
97	IAFF	Female	11/5/1980	33436	DENTAL FIRE Employee Only/Single
98	IAFF	Male	9/6/1989	33405	DENTAL FIRE Employee Only/Single
99	IAFF	Male	6/29/1988	33472	DENTAL FIRE Employee Only/Single
100	IAFF	Male	1/1/1976	33486	DENTAL FIRE Employee Only/Single
101	IAFF	Male	6/8/1969	33071	DENTAL FIRE Employee Only/Single
102	IAFF	Male	10/14/1984	33073	DENTAL FIRE Employee Only/Single
103	IAFF	Male	7/9/1982	33331	DENTAL FIRE Employee Only/Single
104	IAFF	Male	2/13/1986	33321	DENTAL FIRE Employee Only/Single
105	IAFF	Male	1/7/1991	33445	DENTAL FIRE Employee Only/Single
106	IAFF	Male	7/29/1990	33067	DENTAL FIRE Employee Only/Single
107	IAFF	Male	7/25/1989	33412	DENTAL FIRE Employee Only/Single
108	IAFF	Male	1/17/1985	33323	DENTAL FIRE Employee Only/Single
109	IAFF	Male	11/24/1980	33024	DENTAL FIRE Employee Only/Single
110	IAFF	Male	9/23/1986	33325	DENTAL FIRE Employee Only/Single
111	IAFF	Male	8/24/1983	33322	DENTAL FIRE Employee Only/Single
112	IAFF	Female	9/28/1971	33068	DENTAL FIRE Employee Only/Single
113	IAFF	Male	4/24/1969	33470	DENTAL FIRE Employee Only/Single
114	IAFF	Male	4/7/1966	33460	DENTAL FIRE Employee Only/Single
115	IAFF	Male	6/21/1984	33413	DENTAL FIRE Employee Only/Single
116	IAFF	Male	12/28/1990	33322	DENTAL FIRE Employee Only/Single
117	IAFF	Male	3/31/1987	33324	DENTAL FIRE Employee Only/Single
118	IAFF	Male	9/23/1993	33414	DENTAL FIRE Employee Only/Single
119	IAFF	Male	4/17/1985	33183	DENTAL FIRE Employee Only/Single
120	IAFF	Male	1/2/1984	33442	DENTAL FIRE Employee Only/Single
121	IAFF	Male	3/4/1984	33426	DENTAL FIRE Employee Only/Single
122	IAFF	Female	9/14/1985	33444	DENTAL FIRE Employee Only/Single
123	IAFF	Male	1/12/1983	33309	DENTAL FIRE Employee Only/Single
124	IAFF	Male	8/27/1988	33325	DENTAL FIRE Employee Only/Single
125	IAFF	Male	2/18/1966	33312	DENTAL FIRE Employee Only/Single
126	IAFF	Male	3/20/1987	33026	DENTAL FIRE Employee Only/Single
127	IAFF	Male	10/21/1984	33413	DENTAL FIRE Employee Only/Single

1	IAFF	Male	2/25/1968	33178	DENTAL FIRE	Employee & Children
2	IAFF	Male	7/3/1956	33169	DENTAL FIRE	Employee & Children
3	IAFF	Male	1/7/1960	33311	DENTAL FIRE	Employee & Children
128	IAFF	Male	2/17/1989	33015	DENTAL FIRE	Employee Only/Single
129	IAFF	Male	3/24/1989	33308	DENTAL FIRE	Employee Only/Single
130	IAFF	Male	9/19/1970	33478	DENTAL FIRE	Employee Only/Single
131	IAFF	Male	1/30/1986	33328	DENTAL FIRE	Employee Only/Single
132	IAFF	Male	8/22/1967	33468	DENTAL FIRE	Employee Only/Single
133	IAFF	Male	8/1/1988	32605	DENTAL FIRE	Employee Only/Single
134	IAFF	Male	12/12/1982	33173	DENTAL FIRE	Employee Only/Single
135	IAFF	Male	6/23/1982	33314	DENTAL FIRE	Employee Only/Single
136	IAFF	Male	10/26/1983	33441	DENTAL FIRE	Employee Only/Single
137	IAFF	Female	12/30/1981	33463	DENTAL FIRE	Employee Only/Single
138	IAFF	Male	1/19/1973	33328	DENTAL FIRE	Employee Only/Single
139	IAFF	Male	8/15/1980	33433	DENTAL FIRE	Employee Only/Single
140	IAFF	Male	10/31/1980	33426	DENTAL FIRE	Employee Only/Single
141	IAFF	Male	1/2/1966	33486	DENTAL FIRE	Employee Only/Single
142	IAFF	Male	3/25/1985	33323	DENTAL FIRE	Employee Only/Single
143	IAFF	Male	3/17/1987	33436	DENTAL FIRE	Employee Only/Single
144	IAFF	Male	7/15/1990	33328	DENTAL FIRE	Employee Only/Single
145	IAFF	Male	12/29/1970	33314	DENTAL FIRE	Employee Only/Single
146	IAFF	Male	12/10/1989	33409	DENTAL FIRE	Employee Only/Single
147	IAFF	Female	8/29/1978	33063	DENTAL FIRE	Employee Only/Single
148	IAFF	Male	1/5/1986	33015	DENTAL FIRE	Employee Only/Single
149	IAFF	Male	7/12/1989	33031	DENTAL FIRE	Employee Only/Single
150	IAFF	Female	1/1/1981	33309	DENTAL FIRE	Employee Only/Single
151	IAFF	Male	3/11/1968	33467	DENTAL FIRE	Employee Only/Single
152	IAFF	Male	6/18/1982	33327	DENTAL FIRE	Employee Only/Single
153	IAFF	Male	4/18/1961	33311	DENTAL FIRE	Employee Only/Single
154	IAFF	Female	3/25/1963	33304	DENTAL FIRE	Employee Only/Single
155	IAFF	Male	12/9/1983	33029	DENTAL FIRE	Employee Only/Single
156	IAFF	Female	3/25/1992	33023	DENTAL FIRE	Employee Only/Single
157	IAFF	Male	7/31/1988	33063	DENTAL FIRE	Employee Only/Single
158	IAFF	Female	11/15/1977	33060	DENTAL FIRE	Employee Only/Single
159	IAFF	Male	2/26/1974	33076	DENTAL FIRE	Employee Only/Single
160	IAFF	Female	2/13/1964	33324	DENTAL FIRE	Employee Only/Single
161	IAFF	Male	3/22/1988	33063	DENTAL FIRE	Employee Only/Single
162	IAFF	Female	4/3/1962	33325	DENTAL FIRE	Employee Only/Single
163	IAFF	Male	12/17/1974	34997	DENTAL FIRE	Employee Only/Single
164	IAFF	Male	12/24/1974	33076	DENTAL FIRE	Employee Only/Single
165	IAFF	Female	12/29/1984	33063	DENTAL FIRE	Employee Only/Single
166	IAFF	Male	4/28/1987	33323	DENTAL FIRE	Employee Only/Single
167	IAFF	Male	3/7/1957	33330	DENTAL FIRE	Employee Only/Single
168	IAFF	Male	10/8/1971	33068	DENTAL FIRE	Employee Only/Single
169	IAFF	Male	4/6/1988	33029	DENTAL FIRE	Employee Only/Single
170	IAFF	Male	9/27/1977	33028	DENTAL FIRE	Employee Only/Single
171	IAFF	Male	5/23/1989	33334	DENTAL FIRE	Employee Only/Single
172	IAFF	Male	1/29/1960	33076	DENTAL FIRE	Employee Only/Single
173	IAFF	Male	3/2/1973	33020	DENTAL FIRE	Employee Only/Single
174	IAFF	Male	3/27/1979	33025	DENTAL FIRE	Employee Only/Single
175	IAFF	Male	6/2/1972	33067	DENTAL FIRE	Employee Only/Single
176	IAFF	Male	3/30/1986	33314	DENTAL FIRE	Employee Only/Single
177	IAFF	Male	6/22/1979	33027	DENTAL FIRE	Employee Only/Single
178	IAFF	Female	1/26/1960	33412	DENTAL FIRE	Employee Only/Single
179	IAFF	Female	11/15/1969	33325	DENTAL FIRE	Employee Only/Single
180	IAFF	Male	6/21/1987	33428	DENTAL FIRE	Employee Only/Single
181	IAFF	Male	7/8/1983	33071	DENTAL FIRE	Employee Only/Single
182	IAFF	Male	7/17/1967	33076	DENTAL FIRE	Employee Only/Single
183	IAFF	Male	11/24/1980	33321	DENTAL FIRE	Family
184	IAFF	Male	10/17/1975	33404	DENTAL FIRE	Family
185	IAFF	Male	4/5/1983	33449	DENTAL FIRE	Family
186	IAFF	Male	10/17/1982	33173	DENTAL FIRE	Family
187	IAFF	Female	5/18/1971	33328	DENTAL FIRE	Family
188	IAFF	Male	11/24/1979	34953	DENTAL FIRE	Family
189	IAFF	Male	6/19/1969	33428	DENTAL FIRE	Family
190	IAFF	Male	1/12/1962	33463	DENTAL FIRE	Family

1	IAFF	Male	2/25/1968	33178	DENTAL FIRE Employee & Children
2	IAFF	Male	7/3/1956	33169	DENTAL FIRE Employee & Children
3	IAFF	Male	1/7/1960	33311	DENTAL FIRE Employee & Children
191	IAFF	Male	2/20/1987	33467	DENTAL FIRE Family
192	IAFF	Male	5/5/1981	34990	DENTAL FIRE Family
193	IAFF	Male	5/28/1972	33076	DENTAL FIRE Family
194	IAFF	Male	1/26/1979	33328	DENTAL FIRE Family
195	IAFF	Male	1/15/1970	33478	DENTAL FIRE Family
196	IAFF	Male	3/9/1961	34953	DENTAL FIRE Family
197	IAFF	Male	9/21/1973	33330	DENTAL FIRE Family
198	IAFF	Male	2/11/1972	33328	DENTAL FIRE Family
199	IAFF	Male	9/11/1968	33334	DENTAL FIRE Family
200	IAFF	Male	3/10/1969	33458	DENTAL FIRE Family
201	IAFF	Male	11/12/1960	33312	DENTAL FIRE Family
202	IAFF	Male	4/26/1981	33470	DENTAL FIRE Family
203	IAFF	Male	10/16/1974	33412	DENTAL FIRE Family
204	IAFF	Male	3/3/1974	33325	DENTAL FIRE Family
205	IAFF	Male	12/23/1986	33428	DENTAL FIRE Family
206	IAFF	Male	3/10/1974	33463	DENTAL FIRE Family
207	IAFF	Male	9/9/1965	33318	DENTAL FIRE Family
208	IAFF	Male	5/24/1982	33020	DENTAL FIRE Family
209	IAFF	Male	11/9/1972	33437	DENTAL FIRE Family
210	IAFF	Male	12/1/1983	33486	DENTAL FIRE Family
211	IAFF	Female	7/31/1966	33071	DENTAL FIRE Family
212	IAFF	Male	3/9/1971	33168	DENTAL FIRE Family
213	IAFF	Male	9/9/1970	33325	DENTAL FIRE Family
214	IAFF	Male	9/10/1981	33442	DENTAL FIRE Family
215	IAFF	Male	9/6/1977	33374	DENTAL FIRE Family
216	IAFF	Male	4/20/1970	33064	DENTAL FIRE Family
217	IAFF	Male	1/2/1980	33308	DENTAL FIRE Family
218	IAFF	Male	2/3/1964	34990	DENTAL FIRE Family
219	IAFF	Male	2/28/1969	34986	DENTAL FIRE Family
220	IAFF	Male	6/16/1981	33328	DENTAL FIRE Family
221	IAFF	Male	10/7/1963	34957	DENTAL FIRE Family
222	IAFF	Male	2/1/1970	33478	DENTAL FIRE Family
223	IAFF	Male	12/10/1970	33317	DENTAL FIRE Family
224	IAFF	Male	12/27/1967	33467	DENTAL FIRE Family
225	IAFF	Male	8/28/1971	33331	DENTAL FIRE Family
226	IAFF	Male	8/29/1971	33332	DENTAL FIRE Family
227	IAFF	Male	6/21/1968	33470	DENTAL FIRE Family
228	IAFF	Male	5/28/1977	33467	DENTAL FIRE Family
229	IAFF	Male	9/13/1955	33455	DENTAL FIRE Family
230	IAFF	Male	1/9/1971	33406	DENTAL FIRE Family
231	IAFF	Male	12/14/1974	33317	DENTAL FIRE Family
232	IAFF	Male	8/30/1975	33173	DENTAL FIRE Family
233	IAFF	Male	3/1/1975	33029	DENTAL FIRE Family
234	IAFF	Female	12/17/1971	33308	DENTAL FIRE Family
235	IAFF	Male	7/28/1976	33065	DENTAL FIRE Family
236	IAFF	Male	9/22/1961	33418	DENTAL FIRE Family
237	IAFF	Male	7/17/1980	33026	DENTAL FIRE Family
238	IAFF	Male	12/16/1976	34990	DENTAL FIRE Family
239	IAFF	Male	1/26/1983	33322	DENTAL FIRE Family
240	IAFF	Male	11/18/1975	33472	DENTAL FIRE Family
241	IAFF	Male	2/10/1975	33315	DENTAL FIRE Family
242	IAFF	Male	4/6/1982	33186	DENTAL FIRE Family
243	IAFF	Male	4/20/1961	33027	DENTAL FIRE Family
244	IAFF	Male	3/19/1980	33467	DENTAL FIRE Family
245	IAFF	Male	4/27/1966	33411	DENTAL FIRE Family
246	IAFF	Male	1/8/1959	33334	DENTAL FIRE Family
247	IAFF	Male	8/24/1963	33024	DENTAL FIRE Family
248	IAFF	Male	6/25/1961	33071	DENTAL FIRE Family
249	IAFF	Male	10/23/1971	33478	DENTAL FIRE Family
250	IAFF	Male	6/7/1980	33063	DENTAL FIRE Family
251	IAFF	Male	10/4/1973	33313	DENTAL FIRE Family
252	IAFF	Male	7/31/1963	33412	DENTAL FIRE Family
253	IAFF	Male	11/30/1969	33196	DENTAL FIRE Family
254	IAFF	Male	8/27/1970	34957	DENTAL FIRE Family

1	IAFF	Male	2/25/1968	33178	DENTAL FIRE	Employee & Children
2	IAFF	Male	7/3/1956	33169	DENTAL FIRE	Employee & Children
3	IAFF	Male	1/7/1960	33311	DENTAL FIRE	Employee & Children
255	IAFF	Male	4/22/1972	33328	DENTAL FIRE	Family
256	IAFF	Male	2/6/1986	33015	DENTAL FIRE	Family
257	IAFF	Male	1/12/1971	33309	DENTAL FIRE	Family
258	IAFF	Male	8/16/1986	33024	DENTAL FIRE	Family
259	IAFF	Male	11/18/1972	33029	DENTAL FIRE	Family
260	IAFF	Male	3/12/1968	33334	DENTAL FIRE	Family
261	IAFF	Male	9/14/1966	32714	DENTAL FIRE	Family
262	IAFF	Male	9/2/1976	33064	DENTAL FIRE	Family
263	IAFF	Male	2/2/1987	33467	DENTAL FIRE	Family
264	IAFF	Female	5/15/1969	34994	DENTAL FIRE	Family
265	IAFF	Male	12/29/1975	33026	DENTAL FIRE	Family
266	IAFF	Male	4/23/1982	33306	DENTAL FIRE	Family
267	IAFF	Male	9/26/1969	33308	DENTAL FIRE	Family
268	IAFF	Male	1/3/1975	33330	DENTAL FIRE	Family
269	IAFF	Male	6/12/1975	33486	DENTAL FIRE	Family
270	IAFF	Male	3/5/1977	33478	DENTAL FIRE	Family
271	IAFF	Male	1/25/1985	33334	DENTAL FIRE	Family
272	IAFF	Male	4/30/1965	33486	DENTAL FIRE	Family
273	IAFF	Female	3/7/1975	33026	DENTAL FIRE	Family
274	IAFF	Male	12/29/1967	33442	DENTAL FIRE	Family
275	IAFF	Male	8/16/1968	33478	DENTAL FIRE	Family
276	IAFF	Male	2/17/1969	34990	DENTAL FIRE	Family
277	IAFF	Male	10/7/1970	33067	DENTAL FIRE	Family
278	IAFF	Male	5/9/1973	33328	DENTAL FIRE	Family
279	IAFF	Male	6/30/1962	33066	DENTAL FIRE	Family
280	IAFF	Male	3/23/1971	33073	DENTAL FIRE	Family
281	IAFF	Male	9/21/1985	33313	DENTAL FIRE	Family
282	IAFF	Male	10/3/1980	33478	DENTAL FIRE	Family
283	IAFF	Male	3/14/1975	33478	DENTAL FIRE	Family
284	IAFF	Male	12/9/1974	33414	DENTAL FIRE	Family
285	IAFF	Male	3/2/1978	33351	DENTAL FIRE	Family
286	IAFF	Male	3/18/1973	33470	DENTAL FIRE	Family
287	IAFF	Male	6/22/1969	33334	DENTAL FIRE	Family
288	IAFF	Male	12/18/1972	33432	DENTAL FIRE	Family
289	IAFF	Male	11/2/1965	34990	DENTAL FIRE	Family
290	IAFF	Male	9/23/1970	33325	DENTAL FIRE	Family
291	IAFF	Male	5/13/1965	33412	DENTAL FIRE	Family
292	IAFF	Male	1/18/1972	33308	DENTAL FIRE	Family
293	IAFF	Male	4/15/1977	34990	DENTAL FIRE	Family
294	IAFF	Male	8/8/1976	33063	DENTAL FIRE	Family
295	IAFF	Male	7/23/1975	33478	DENTAL FIRE	Family
296	IAFF	Male	2/27/1970	33467	DENTAL FIRE	Family
297	IAFF	Male	5/21/1970	33309	DENTAL FIRE	Family
298	IAFF	Male	9/24/1979	33158	DENTAL FIRE	Family
299	IAFF	Male	2/19/1983	33331	DENTAL FIRE	Family
300	IAFF	Male	10/23/1987	34482	DENTAL FIRE	Family
301	IAFF	Male	4/10/1980	33076	DENTAL FIRE	Family
302	IAFF	Male	4/23/1970	33314	DENTAL FIRE	Family
303	IAFF	Male	7/11/1971	33458	DENTAL FIRE	Family
304	IAFF	Male	8/24/1970	33478	DENTAL FIRE	Family
305	IAFF	Male	7/20/1972	33324	DENTAL FIRE	Family
306	IAFF	Male	1/7/1969	33315	DENTAL FIRE	Family
307	IAFF	Male	5/4/1980	33071	DENTAL FIRE	Family
308	IAFF	Male	3/21/1973	33325	DENTAL FIRE	Family
309	IAFF	Male	7/12/1980	33433	DENTAL FIRE	Family
310	IAFF	Male	8/22/1978	33324	DENTAL FIRE	Family
311	IAFF	Male	6/15/1975	33317	DENTAL FIRE	Family
312	IAFF	Male	3/31/1977	33309	DENTAL FIRE	Family
313	IAFF	Male	8/6/1973	33309	DENTAL FIRE	Family
314	CONFIDENTIAL	Female	1/17/1975	33067	DENTAL HMO	Employee & Children
315	CONFIDENTIAL	Female	11/30/1976	33312	DENTAL HMO	Employee & Children
316	CONFIDENTIAL	Female	9/4/1981	33312	DENTAL HMO	Employee & Children
317	FED-PROF	Male	1/20/1972	33179	DENTAL HMO	Employee & Children

1	IAFF	Male	2/25/1968	33178	DENTAL FIRE Employee & Children
2	IAFF	Male	7/3/1956	33169	DENTAL FIRE Employee & Children
3	IAFF	Male	1/7/1960	33311	DENTAL FIRE Employee & Children
318	FED-PROF	Male	2/6/1960	33311	DENTAL HMO Employee & Children
319	FED-PROF	Female	3/28/1979	33328	DENTAL HMO Employee & Children
320	FED-SUPV	Male	8/18/1961	33414	DENTAL HMO Employee & Children
321	MANAGEMENT	Female	4/7/1961	33498	DENTAL HMO Employee & Children
322	MANAGEMENT	Male	2/28/1964	33313	DENTAL HMO Employee & Children
323	MANAGEMENT	Male	9/15/1982	33169	DENTAL HMO Employee & Children
324	TEAMSTERS	Male	5/5/1973	33029	DENTAL HMO Employee & Children
325	TEAMSTERS	Female	10/17/1960	33328	DENTAL HMO Employee & Children
326	TEAMSTERS	Female	4/27/1982	33312	DENTAL HMO Employee & Children
327	TEAMSTERS	Female	3/11/1958	33023	DENTAL HMO Employee & Children
328	TEAMSTERS	Male	7/17/1975	33311	DENTAL HMO Employee & Children
329	TEAMSTERS	Female	12/4/1955	33351	DENTAL HMO Employee & Children
330	TEAMSTERS	Female	10/27/1972	33068	DENTAL HMO Employee & Children
331	TEAMSTERS	Female	8/7/1972	33328	DENTAL HMO Employee & Children
332	TEAMSTERS	Male	5/30/1973	33326	DENTAL HMO Employee & Children
333	TEAMSTERS	Male	7/23/1973	33311	DENTAL HMO Employee & Children
334	TEAMSTERS	Female	6/18/1977	33029	DENTAL HMO Employee & Children
335	TEAMSTERS	Male	2/18/1971	33351	DENTAL HMO Employee & Children
336	TEAMSTERS	Female	4/6/1971	33073	DENTAL HMO Employee & Children
337	TEAMSTERS	Male	11/5/1970	33004	DENTAL HMO Employee & Children
338	TEAMSTERS	Female	10/25/1957	33311	DENTAL HMO Employee & Children
339	TEAMSTERS	Female	7/1/1967	33028	DENTAL HMO Employee & Children
340	TEAMSTERS	Female	10/21/1962	33023	DENTAL HMO Employee & Children
341	TEAMSTERS	Male	11/30/1972	33351	DENTAL HMO Employee & Children
342	TEAMSTERS	Male	2/25/1956	33311	DENTAL HMO Employee & Children
343	TEAMSTERS	Male	5/29/1958	33304	DENTAL HMO Employee & Children
344	TEAMSTERS	Male	9/24/1965	33178	DENTAL HMO Employee & Children
345	TEAMSTERS	Male	8/14/1982	33054	DENTAL HMO Employee & Children
346	TEAMSTERS	Male	7/7/1969	33311	DENTAL HMO Employee & Children
347	TEAMSTERS	Male	2/5/1965	33328	DENTAL HMO Employee & Children
348	TEAMSTERS	Female	10/11/1967	33351	DENTAL HMO Employee & Children
349	TEAMSTERS	Female	7/20/1963	33312	DENTAL HMO Employee & Children
350	TEAMSTERS	Male	10/15/1987	33311	DENTAL HMO Employee & Children
351	TEAMSTERS	Male	7/16/1972	33311	DENTAL HMO Employee & Children
352	TEAMSTERS	Male	11/19/1963	33319	DENTAL HMO Employee & Children
353	TEAMSTERS	Female	7/12/1968	33334	DENTAL HMO Employee & Children
354	TEAMSTERS	Female	9/9/1976	33311	DENTAL HMO Employee & Children
355	TEAMSTERS	Male	3/13/1959	33060	DENTAL HMO Employee & Children
356	TEAMSTERS	Female	8/30/1969	33064	DENTAL HMO Employee & Children
357	TEAMSTERS	Female	6/20/1969	33063	DENTAL HMO Employee & Children
358	TEAMSTERS	Male	9/21/1967	33313	DENTAL HMO Employee & Children
359	TEAMSTERS	Female	9/17/1970	33073	DENTAL HMO Employee & Children
360	TEAMSTERS	Male	7/19/1967	33029	DENTAL HMO Employee & Children
361	TEAMSTERS	Male	6/9/1969	33311	DENTAL HMO Employee & Children
362	TEAMSTERS	Female	5/7/1972	33319	DENTAL HMO Employee & Children
363	TEAMSTERS	Male	1/1/1981	33065	DENTAL HMO Employee & Children
364	TEAMSTERS	Female	5/28/1965	33311	DENTAL HMO Employee & Children
365	TEAMSTERS	Female	12/16/1976	33023	DENTAL HMO Employee & Children
366	TEAMSTERS	Female	4/8/1971	33319	DENTAL HMO Employee & Children
367	TEAMSTERS	Female	8/30/1970	33334	DENTAL HMO Employee & Children
368	TEAMSTERS	Male	4/1/1979	33063	DENTAL HMO Employee & Children
369	TEAMSTERS	Female	6/24/1988	33351	DENTAL HMO Employee & Children
370	TEAMSTERS	Male	6/22/1963	33311	DENTAL HMO Employee & Children
371	TEAMSTERS	Female	7/23/1980	33443	DENTAL HMO Employee & Children
372	TEAMSTERS	Female	3/18/1968	33066	DENTAL HMO Employee & Children
373	TEAMSTERS	Female	9/10/1963	33066	DENTAL HMO Employee & Children
374	TEAMSTERS	Male	6/7/1972	33311	DENTAL HMO Employee & Children
375	TEAMSTERS	Male	3/13/1952	33326	DENTAL HMO Employee & Children
376	TEAMSTERS	Female	7/8/1970	33441	DENTAL HMO Employee & Children
377	TEAMSTERS	Male	8/29/1968	33311	DENTAL HMO Employee & Children
378	TEAMSTERS	Female	11/25/1986	33311	DENTAL HMO Employee & Children
379	TEAMSTERS	Male	9/21/1961	33068	DENTAL HMO Employee & Children
380	TEAMSTERS	Male	9/30/1964	33324	DENTAL HMO Employee & Children
381	TEAMSTERS	Female	10/10/1990	33025	DENTAL HMO Employee & Children

1	IAFF	Male	2/25/1968	33178	DENTAL FIRE Employee & Children
2	IAFF	Male	7/3/1956	33169	DENTAL FIRE Employee & Children
3	IAFF	Male	1/7/1960	33311	DENTAL FIRE Employee & Children
382	TEAMSTERS	Male	11/18/1970	33313	DENTAL HMO Employee & Children
383	TEAMSTERS	Male	3/30/1965	33313	DENTAL HMO Employee & Children
384	TEAMSTERS	Male	5/18/1967	33024	DENTAL HMO Employee & Children
385	TEAMSTERS	Male	2/16/1977	33437	DENTAL HMO Employee & Children
386	TEAMSTERS	Male	12/14/1967	33334	DENTAL HMO Employee & DP
387	CONFIDENTIAL	Female	2/24/1971	33066	DENTAL HMO Employee & Spouse
388	FED-PROF	Male	7/15/1950	33319	DENTAL HMO Employee & Spouse
389	FED-PROF	Male	12/28/1967	33435	DENTAL HMO Employee & Spouse
390	FED-PROF	Male	9/24/1970	33313	DENTAL HMO Employee & Spouse
391	FED-PROF	Male	8/25/1959	33020	DENTAL HMO Employee & Spouse
392	FED-PROF	Male	9/6/1959	33428	DENTAL HMO Employee & Spouse
393	MANAGEMENT	Male	9/24/1977	33015	DENTAL HMO Employee & Spouse
394	MANAGEMENT	Female	4/24/1957	33020	DENTAL HMO Employee & Spouse
395	MANAGEMENT	Female	1/28/1961	33068	DENTAL HMO Employee & Spouse
396	TEAMSTERS	Male	3/16/1953	33321	DENTAL HMO Employee & Spouse
397	TEAMSTERS	Male	11/3/1992	33024	DENTAL HMO Employee & Spouse
398	TEAMSTERS	Male	12/5/1950	33024	DENTAL HMO Employee & Spouse
399	TEAMSTERS	Male	8/22/1964	33328	DENTAL HMO Employee & Spouse
400	TEAMSTERS	Male	10/26/1990	33311	DENTAL HMO Employee & Spouse
401	TEAMSTERS	Male	12/15/1962	33027	DENTAL HMO Employee & Spouse
402	TEAMSTERS	Female	9/2/1966	33312	DENTAL HMO Employee & Spouse
403	TEAMSTERS	Male	10/9/1968	33311	DENTAL HMO Employee & Spouse
404	TEAMSTERS	Male	3/6/1949	33308	DENTAL HMO Employee & Spouse
405	TEAMSTERS	Male	11/4/1963	33311	DENTAL HMO Employee & Spouse
406	TEAMSTERS	Female	10/8/1984	33319	DENTAL HMO Employee & Spouse
407	TEAMSTERS	Male	7/24/1965	33316	DENTAL HMO Employee & Spouse
408	TEAMSTERS	Male	7/14/1956	33009	DENTAL HMO Employee & Spouse
409	TEAMSTERS	Male	9/6/1949	33179	DENTAL HMO Employee & Spouse
410	TEAMSTERS	Male	2/8/1958	33063	DENTAL HMO Employee & Spouse
411	TEAMSTERS	Male	11/19/1972	33066	DENTAL HMO Employee & Spouse
412	TEAMSTERS	Male	9/30/1964	33064	DENTAL HMO Employee & Spouse
413	TEAMSTERS	Male	6/2/1969	33322	DENTAL HMO Employee & Spouse
414	TEAMSTERS	Male	1/23/1960	33313	DENTAL HMO Employee & Spouse
415	TEAMSTERS	Female	7/25/1960	33068	DENTAL HMO Employee & Spouse
416	TEAMSTERS	Male	3/23/1963	33319	DENTAL HMO Employee & Spouse
417	TEAMSTERS	Male	1/21/1964	33441	DENTAL HMO Employee & Spouse
418	TEAMSTERS	Male	8/15/1957	33351	DENTAL HMO Employee & Spouse
419	TEAMSTERS	Male	6/5/1986	33324	DENTAL HMO Employee & Spouse
420	TEAMSTERS	Male	1/20/1987	33351	DENTAL HMO Employee & Spouse
421	TEAMSTERS	Female	5/22/1973	33311	DENTAL HMO Employee & Spouse
422	TEAMSTERS	Male	1/10/1956	33442	DENTAL HMO Employee & Spouse
423	TEAMSTERS	Male	4/7/1961	33334	DENTAL HMO Employee & Spouse
424	TEAMSTERS	Male	8/3/1954	33060	DENTAL HMO Employee & Spouse
425	TEAMSTERS	Male	5/8/1961	33068	DENTAL HMO Employee & Spouse
426	TEAMSTERS	Female	9/25/1986	33167	DENTAL HMO Employee & Spouse
427	TEAMSTERS	Male	8/23/1955	33065	DENTAL HMO Employee & Spouse
428	TEAMSTERS	Female	2/5/1962	33323	DENTAL HMO Employee & Spouse
429	TEAMSTERS	Male	4/4/1967	33312	DENTAL HMO Employee & Spouse
430	TEAMSTERS	Male	5/18/1967	33177	DENTAL HMO Employee & Spouse
431	TEAMSTERS	Male	9/4/1975	33063	DENTAL HMO Employee & Spouse
432	TEAMSTERS	Male	4/19/1943	33068	DENTAL HMO Employee & Spouse
433	TEAMSTERS	Male	3/14/1981	33068	DENTAL HMO Employee & Spouse
434	TEAMSTERS	Male	7/12/1963	33334	DENTAL HMO Employee & Spouse
435	TEAMSTERS	Male	5/10/1956	33064	DENTAL HMO Employee & Spouse
436	TEAMSTERS	Male	2/6/1954	33071	DENTAL HMO Employee & Spouse
437	TEAMSTERS	Female	7/13/1979	33308	DENTAL HMO Employee & Spouse
438	TEAMSTERS	Male	4/24/1990	33060	DENTAL HMO Employee & Spouse
439	TEAMSTERS	Male	3/16/1958	33169	DENTAL HMO Employee & Spouse
440	TEAMSTERS	Male	12/13/1960	33321	DENTAL HMO Employee & Spouse
441	TEAMSTERS	Male	6/20/1959	33351	DENTAL HMO Employee & Spouse
442	TEAMSTERS	Male	8/7/1952	33442	DENTAL HMO Employee & Spouse
443	TEAMSTERS	Male	1/8/1967	33073	DENTAL HMO Employee & Spouse
444	TEAMSTERS	Male	8/15/1986	33311	DENTAL HMO Employee & Spouse
445	TEAMSTERS	Female	5/11/1964	33024	DENTAL HMO Employee & Spouse

1	IAFF	Male	2/25/1968	33178	DENTAL FIRE Employee & Children
2	IAFF	Male	7/3/1956	33169	DENTAL FIRE Employee & Children
3	IAFF	Male	1/7/1960	33311	DENTAL FIRE Employee & Children
446	TEAMSTERS	Female	4/11/1961	33012	DENTAL HMO Employee & Spouse
447	TEAMSTERS	Male	12/26/1960	33060	DENTAL HMO Employee & Spouse
448	TEAMSTERS	Male	6/11/1984	33311	DENTAL HMO Employee & Spouse
449	TEAMSTERS	Male	3/7/1973	33313	DENTAL HMO Employee & Spouse
450	TEAMSTERS	Female	5/6/1980	33351	DENTAL HMO Employee & Spouse
451	TEAMSTERS	Male	11/22/1979	33311	DENTAL HMO Employee & Spouse
452	CONFIDENTIAL	Female	5/30/1960	33018	DENTAL HMO Employee Only/Single
453	CONFIDENTIAL	Female	7/3/1967	33319	DENTAL HMO Employee Only/Single
454	CONFIDENTIAL	Female	9/25/1967	33073	DENTAL HMO Employee Only/Single
455	CONFIDENTIAL	Female	9/28/1983	33026	DENTAL HMO Employee Only/Single
456	CONFIDENTIAL	Female	2/22/1978	33311	DENTAL HMO Employee Only/Single
457	CONFIDENTIAL	Female	7/7/1970	33441	DENTAL HMO Employee Only/Single
458	CONFIDENTIAL	Female	3/20/1954	33324	DENTAL HMO Employee Only/Single
459	FED-PROF	Male	1/14/1981	33314	DENTAL HMO Employee Only/Single
460	FED-PROF	Male	8/2/1982	33316	DENTAL HMO Employee Only/Single
461	FED-PROF	Female	2/16/1969	33308	DENTAL HMO Employee Only/Single
462	FED-PROF	Male	5/7/1964	33305	DENTAL HMO Employee Only/Single
463	FED-PROF	Female	5/31/1965	33133	DENTAL HMO Employee Only/Single
464	FED-PROF	Male	11/4/1979	33065	DENTAL HMO Employee Only/Single
465	FED-PROF	Male	3/25/1963	33311	DENTAL HMO Employee Only/Single
466	FED-PROF	Female	12/15/1966	33309	DENTAL HMO Employee Only/Single
467	FED-PROF	Female	12/1/1967	33311	DENTAL HMO Employee Only/Single
468	FED-SUPV	Female	9/29/1976	33309	DENTAL HMO Employee Only/Single
469	FED-SUPV	Female	10/27/1963	33319	DENTAL HMO Employee Only/Single
470	FED-SUPV	Female	1/3/1980	33309	DENTAL HMO Employee Only/Single
471	FED-SUPV	Male	8/12/1950	33334	DENTAL HMO Employee Only/Single
472	MANAGEMENT	Female	3/6/1965	33319	DENTAL HMO Employee Only/Single
473	MANAGEMENT	Female	7/27/1963	33021	DENTAL HMO Employee Only/Single
474	MANAGEMENT	Male	12/18/1970	33305	DENTAL HMO Employee Only/Single
475	MANAGEMENT	Male	2/14/1964	33301	DENTAL HMO Employee Only/Single
476	MANAGEMENT	Female	7/30/1963	33309	DENTAL HMO Employee Only/Single
477	MANAGEMENT	Female	4/10/1960	33076	DENTAL HMO Employee Only/Single
478	MANAGEMENT	Female	7/3/1976	33315	DENTAL HMO Employee Only/Single
479	MANAGEMENT	Male	1/30/1960	33055	DENTAL HMO Employee Only/Single
480	MANAGEMENT	Female	3/5/1977	33321	DENTAL HMO Employee Only/Single
481	MANAGEMENT	Male	8/31/1991	33144	DENTAL HMO Employee Only/Single
482	MANAGEMENT	Female	12/20/1988	33064	DENTAL HMO Employee Only/Single
483	MANAGEMENT	Female	10/23/1978	33069	DENTAL HMO Employee Only/Single
484	MANAGEMENT	Female	3/13/1952	33301	DENTAL HMO Employee Only/Single
485	MANAGEMENT	Male	7/23/1965	33334	DENTAL HMO Employee Only/Single
486	MANAGEMENT	Female	8/29/1990	33068	DENTAL HMO Employee Only/Single
487	TEAMSTERS	Male	1/13/1965	33073-4053	DENTAL HMO Employee Only/Single
488	TEAMSTERS	Male	3/3/1978	33304	DENTAL HMO Employee Only/Single
489	TEAMSTERS	Male	2/8/1987	33069	DENTAL HMO Employee Only/Single
490	TEAMSTERS	Female	2/15/1957	33063	DENTAL HMO Employee Only/Single
491	TEAMSTERS	Female	12/10/1972	33073	DENTAL HMO Employee Only/Single
492	TEAMSTERS	Male	10/30/1953	33067	DENTAL HMO Employee Only/Single
493	TEAMSTERS	Male	2/28/1982	33313	DENTAL HMO Employee Only/Single
494	TEAMSTERS	Male	1/19/1970	33351	DENTAL HMO Employee Only/Single
495	TEAMSTERS	Female	11/23/1951	33302	DENTAL HMO Employee Only/Single
496	TEAMSTERS	Female	12/2/1981	33473	DENTAL HMO Employee Only/Single
497	TEAMSTERS	Male	2/26/1962	33064	DENTAL HMO Employee Only/Single
498	TEAMSTERS	Male	1/9/1986	33311	DENTAL HMO Employee Only/Single
499	TEAMSTERS	Male	6/17/1982	33060	DENTAL HMO Employee Only/Single
500	TEAMSTERS	Male	9/28/1982	33311	DENTAL HMO Employee Only/Single
501	TEAMSTERS	Female	4/3/1971	33324	DENTAL HMO Employee Only/Single
502	TEAMSTERS	Male	6/3/1982	33321	DENTAL HMO Employee Only/Single
503	TEAMSTERS	Male	7/4/1976	33308	DENTAL HMO Employee Only/Single
504	TEAMSTERS	Male	12/17/1975	33311	DENTAL HMO Employee Only/Single
505	TEAMSTERS	Male	4/4/1988	33024	DENTAL HMO Employee Only/Single
506	TEAMSTERS	Male	6/23/1965	33311	DENTAL HMO Employee Only/Single
507	TEAMSTERS	Male	10/29/1957	33309	DENTAL HMO Employee Only/Single
508	TEAMSTERS	Male	11/14/1994	33311	DENTAL HMO Employee Only/Single

1	IAFF	Male	2/25/1968	33178	DENTAL FIRE Employee & Children
2	IAFF	Male	7/3/1956	33169	DENTAL FIRE Employee & Children
3	IAFF	Male	1/7/1960	33311	DENTAL FIRE Employee & Children
509	TEAMSTERS	Male	1/3/1954	33021	DENTAL HMO Employee Only/Single
510	TEAMSTERS	Male	1/26/1981	33442	DENTAL HMO Employee Only/Single
511	TEAMSTERS	Female	9/2/1977	33319	DENTAL HMO Employee Only/Single
512	TEAMSTERS	Male	12/29/1957	33442	DENTAL HMO Employee Only/Single
513	TEAMSTERS	Female	5/7/1986	33020	DENTAL HMO Employee Only/Single
514	TEAMSTERS	Female	7/16/1984	33150	DENTAL HMO Employee Only/Single
515	TEAMSTERS	Male	10/2/1953	33462	DENTAL HMO Employee Only/Single
516	TEAMSTERS	Male	12/29/1970	33311	DENTAL HMO Employee Only/Single
517	TEAMSTERS	Male	11/25/1993	33313	DENTAL HMO Employee Only/Single
518	TEAMSTERS	Male	3/31/1959	33319	DENTAL HMO Employee Only/Single
519	TEAMSTERS	Male	4/2/1951	33322	DENTAL HMO Employee Only/Single
520	TEAMSTERS	Male	3/30/1967	33309	DENTAL HMO Employee Only/Single
521	TEAMSTERS	Male	10/6/1971	33311	DENTAL HMO Employee Only/Single
522	TEAMSTERS	Male	7/19/1960	33313	DENTAL HMO Employee Only/Single
523	TEAMSTERS	Female	2/24/1983	33334	DENTAL HMO Employee Only/Single
524	TEAMSTERS	Male	8/19/1983	33311	DENTAL HMO Employee Only/Single
525	TEAMSTERS	Male	7/4/1954	33315	DENTAL HMO Employee Only/Single
526	TEAMSTERS	Female	8/22/1965	34953	DENTAL HMO Employee Only/Single
527	TEAMSTERS	Female	2/19/1961	33465	DENTAL HMO Employee Only/Single
528	TEAMSTERS	Male	9/25/1967	33311	DENTAL HMO Employee Only/Single
529	TEAMSTERS	Female	10/25/1961	33325	DENTAL HMO Employee Only/Single
530	TEAMSTERS	Male	1/11/1968	33317	DENTAL HMO Employee Only/Single
531	TEAMSTERS	Male	4/10/1992	33004	DENTAL HMO Employee Only/Single
532	TEAMSTERS	Male	12/16/1955	33312	DENTAL HMO Employee Only/Single
533	TEAMSTERS	Male	4/18/1964	33311	DENTAL HMO Employee Only/Single
534	TEAMSTERS	Male	11/10/1984	33324	DENTAL HMO Employee Only/Single
535	TEAMSTERS	Female	1/10/1962	33311	DENTAL HMO Employee Only/Single
536	TEAMSTERS	Male	3/6/1996	33311	DENTAL HMO Employee Only/Single
537	TEAMSTERS	Male	11/29/1963	33315	DENTAL HMO Employee Only/Single
538	TEAMSTERS	Female	7/2/1954	33305	DENTAL HMO Employee Only/Single
539	TEAMSTERS	Female	10/23/1974	33027	DENTAL HMO Employee Only/Single
540	TEAMSTERS	Female	1/13/1955	33313	DENTAL HMO Employee Only/Single
541	TEAMSTERS	Female	6/20/1970	33321	DENTAL HMO Employee Only/Single
542	TEAMSTERS	Female	9/17/1963	33312	DENTAL HMO Employee Only/Single
543	TEAMSTERS	Male	5/24/1982	33060	DENTAL HMO Employee Only/Single
544	TEAMSTERS	Male	6/30/1959	33334	DENTAL HMO Employee Only/Single
545	TEAMSTERS	Female	3/4/1993	33324	DENTAL HMO Employee Only/Single
546	TEAMSTERS	Female	7/10/1955	33304	DENTAL HMO Employee Only/Single
547	TEAMSTERS	Male	5/12/1960	34953	DENTAL HMO Employee Only/Single
548	TEAMSTERS	Male	4/24/1978	33311	DENTAL HMO Employee Only/Single
549	TEAMSTERS	Male	5/10/1986	33309	DENTAL HMO Employee Only/Single
550	TEAMSTERS	Female	1/19/1978	33313	DENTAL HMO Employee Only/Single
551	TEAMSTERS	Female	7/23/1968	33309	DENTAL HMO Employee Only/Single
552	TEAMSTERS	Male	2/26/1985	33311	DENTAL HMO Employee Only/Single
553	TEAMSTERS	Male	9/8/1955	33313	DENTAL HMO Employee Only/Single
554	TEAMSTERS	Female	1/16/1966	33021	DENTAL HMO Employee Only/Single
555	TEAMSTERS	Female	3/11/1951	33323	DENTAL HMO Employee Only/Single
556	TEAMSTERS	Female	4/19/1961	33309	DENTAL HMO Employee Only/Single
557	TEAMSTERS	Male	9/27/1964	33063	DENTAL HMO Employee Only/Single
558	TEAMSTERS	Male	8/22/1989	33021	DENTAL HMO Employee Only/Single
559	TEAMSTERS	Male	12/30/1974	33312	DENTAL HMO Employee Only/Single
560	TEAMSTERS	Male	9/4/1987	33433	DENTAL HMO Employee Only/Single
561	TEAMSTERS	Male	12/7/1963	33311	DENTAL HMO Employee Only/Single
562	TEAMSTERS	Female	9/23/1986	33313	DENTAL HMO Employee Only/Single
563	TEAMSTERS	Male	9/17/1989	33334	DENTAL HMO Employee Only/Single
564	TEAMSTERS	Female	8/21/1949	33068	DENTAL HMO Employee Only/Single
565	TEAMSTERS	Female	1/27/1959	33313	DENTAL HMO Employee Only/Single
566	TEAMSTERS	Male	6/3/1993	33311	DENTAL HMO Employee Only/Single
567	TEAMSTERS	Female	12/5/1974	33302	DENTAL HMO Employee Only/Single
568	TEAMSTERS	Female	12/10/1986	33147	DENTAL HMO Employee Only/Single
569	TEAMSTERS	Male	10/23/1976	33063	DENTAL HMO Employee Only/Single
570	TEAMSTERS	Male	5/9/1986	33063	DENTAL HMO Employee Only/Single
571	TEAMSTERS	Female	6/14/1969	33147	DENTAL HMO Employee Only/Single
572	TEAMSTERS	Male	3/4/1987	33056	DENTAL HMO Employee Only/Single

1	IAFF	Male	2/25/1968	33178	DENTAL FIRE Employee & Children
2	IAFF	Male	7/3/1956	33169	DENTAL FIRE Employee & Children
3	IAFF	Male	1/7/1960	33311	DENTAL FIRE Employee & Children
573	TEAMSTERS	Male	7/18/1970	33319	DENTAL HMO Employee Only/Single
574	TEAMSTERS	Male	2/20/1986	33329	DENTAL HMO Employee Only/Single
575	TEAMSTERS	Female	6/2/1992	33054	DENTAL HMO Employee Only/Single
576	TEAMSTERS	Female	12/10/1960	33029	DENTAL HMO Employee Only/Single
577	TEAMSTERS	Male	7/5/1989	33024	DENTAL HMO Employee Only/Single
578	TEAMSTERS	Female	7/24/1987	33127	DENTAL HMO Employee Only/Single
579	TEAMSTERS	Male	8/18/1986	33321	DENTAL HMO Employee Only/Single
580	TEAMSTERS	Male	5/10/1959	33054	DENTAL HMO Employee Only/Single
581	TEAMSTERS	Male	10/6/1984	33068	DENTAL HMO Employee Only/Single
582	TEAMSTERS	Female	2/24/1971	33071	DENTAL HMO Employee Only/Single
583	TEAMSTERS	Female	10/10/1953	33321	DENTAL HMO Employee Only/Single
584	TEAMSTERS	Male	6/6/1988	33014	DENTAL HMO Employee Only/Single
585	TEAMSTERS	Male	6/18/1991	33332	DENTAL HMO Employee Only/Single
586	TEAMSTERS	Male	11/8/1956	33311	DENTAL HMO Employee Only/Single
587	TEAMSTERS	Male	9/30/1965	33060	DENTAL HMO Employee Only/Single
588	TEAMSTERS	Female	1/17/1967	33025	DENTAL HMO Employee Only/Single
589	TEAMSTERS	Male	5/4/1971	33312	DENTAL HMO Employee Only/Single
590	TEAMSTERS	Male	4/22/1960	33311	DENTAL HMO Employee Only/Single
591	TEAMSTERS	Male	2/1/1977	33351	DENTAL HMO Employee Only/Single
592	TEAMSTERS	Male	2/12/1992	33311	DENTAL HMO Employee Only/Single
593	TEAMSTERS	Female	4/23/1991	33313	DENTAL HMO Employee Only/Single
594	TEAMSTERS	Male	2/11/1964	33311	DENTAL HMO Employee Only/Single
595	TEAMSTERS	Male	10/21/1966	33021	DENTAL HMO Employee Only/Single
596	TEAMSTERS	Male	3/22/1973	33322	DENTAL HMO Employee Only/Single
597	TEAMSTERS	Male	1/9/1985	33319	DENTAL HMO Employee Only/Single
598	TEAMSTERS	Female	7/24/1952	33026	DENTAL HMO Employee Only/Single
599	TEAMSTERS	Male	7/10/1970	33319	DENTAL HMO Employee Only/Single
600	TEAMSTERS	Male	11/15/1968	33308	DENTAL HMO Employee Only/Single
601	TEAMSTERS	Female	6/26/1954	33351	DENTAL HMO Employee Only/Single
602	TEAMSTERS	Male	9/13/1983	33062	DENTAL HMO Employee Only/Single
603	TEAMSTERS	Female	12/29/1970	33316	DENTAL HMO Employee Only/Single
604	TEAMSTERS	Male	8/20/1959	33064	DENTAL HMO Employee Only/Single
605	TEAMSTERS	Male	10/6/1989	33309	DENTAL HMO Employee Only/Single
606	TEAMSTERS	Female	6/10/1963	33169-2300	DENTAL HMO Employee Only/Single
607	TEAMSTERS	Male	5/10/1969	33060	DENTAL HMO Employee Only/Single
608	TEAMSTERS	Male	4/12/1989	33309	DENTAL HMO Employee Only/Single
609	TEAMSTERS	Male	3/21/1990	33312	DENTAL HMO Employee Only/Single
610	TEAMSTERS	Male	10/25/1982	33319	DENTAL HMO Employee Only/Single
611	TEAMSTERS	Female	12/7/1978	33305	DENTAL HMO Employee Only/Single
612	TEAMSTERS	Male	1/31/1970	33334	DENTAL HMO Employee Only/Single
613	TEAMSTERS	Female	8/20/1971	33064	DENTAL HMO Employee Only/Single
614	TEAMSTERS	Female	5/15/1967	33311	DENTAL HMO Employee Only/Single
615	TEAMSTERS	Male	3/10/1958	33060	DENTAL HMO Employee Only/Single
616	TEAMSTERS	Female	11/15/1983	33441	DENTAL HMO Employee Only/Single
617	TEAMSTERS	Male	11/24/1968	33019	DENTAL HMO Employee Only/Single
618	TEAMSTERS	Male	3/28/1974	33317	DENTAL HMO Employee Only/Single
619	TEAMSTERS	Female	9/3/1967	33312	DENTAL HMO Employee Only/Single
620	TEAMSTERS	Male	5/12/1969	33304	DENTAL HMO Employee Only/Single
621	TEAMSTERS	Male	1/19/1963	33068	DENTAL HMO Employee Only/Single
622	TEAMSTERS	Female	5/11/1972	33313	DENTAL HMO Employee Only/Single
623	TEAMSTERS	Male	4/14/1979	33069	DENTAL HMO Employee Only/Single
624	TEAMSTERS	Female	8/16/1975	33305	DENTAL HMO Employee Only/Single
625	TEAMSTERS	Female	1/2/1965	33463	DENTAL HMO Employee Only/Single
626	TEAMSTERS	Male	4/9/1984	33311	DENTAL HMO Employee Only/Single
627	TEAMSTERS	Male	3/21/1973	33020	DENTAL HMO Employee Only/Single
628	TEAMSTERS	Male	9/19/1966	33067	DENTAL HMO Employee Only/Single
629	TEAMSTERS	Male	10/10/1969	33415	DENTAL HMO Employee Only/Single
630	TEAMSTERS	Female	3/2/1985	33024	DENTAL HMO Employee Only/Single
631	TEAMSTERS	Female	6/27/1983	33311	DENTAL HMO Employee Only/Single
632	TEAMSTERS	Female	7/9/1969	33311	DENTAL HMO Employee Only/Single
633	TEAMSTERS	Female	9/25/1968	33312	DENTAL HMO Employee Only/Single
634	TEAMSTERS	Male	2/11/1970	92663	DENTAL HMO Employee Only/Single
635	TEAMSTERS	Female	4/7/1989	33313	DENTAL HMO Employee Only/Single

1	IAFF	Male	2/25/1968	33178	DENTAL FIRE Employee & Children
2	IAFF	Male	7/3/1956	33169	DENTAL FIRE Employee & Children
3	IAFF	Male	1/7/1960	33311	DENTAL FIRE Employee & Children
636	TEAMSTERS	Male	1/25/1985	33351	DENTAL HMO Employee Only/Single
637	TEAMSTERS	Male	9/17/1987	33311	DENTAL HMO Employee Only/Single
638	TEAMSTERS	Female	7/21/1961	33304	DENTAL HMO Employee Only/Single
639	TEAMSTERS	Female	10/20/1972	33308	DENTAL HMO Employee Only/Single
640	TEAMSTERS	Male	5/13/1977	33023	DENTAL HMO Employee Only/Single
641	TEAMSTERS	Male	11/7/1964	33028	DENTAL HMO Employee Only/Single
642	TEAMSTERS	Male	12/3/1982	33312	DENTAL HMO Employee Only/Single
643	TEAMSTERS	Male	12/29/1969	33009	DENTAL HMO Employee Only/Single
644	TEAMSTERS	Male	7/23/1991	33311	DENTAL HMO Employee Only/Single
645	TEAMSTERS	Female	6/12/1975	33026	DENTAL HMO Employee Only/Single
646	TEAMSTERS	Male	3/10/1970	33063	DENTAL HMO Employee Only/Single
647	TEAMSTERS	Male	12/16/1936	33319	DENTAL HMO Employee Only/Single
648	TEAMSTERS	Female	10/22/1959	33309	DENTAL HMO Employee Only/Single
649	TEAMSTERS	Male	6/22/1964	33311	DENTAL HMO Employee Only/Single
650	TEAMSTERS	Female	8/8/1986	33351	DENTAL HMO Employee Only/Single
651	TEAMSTERS	Male	1/3/1952	33319	DENTAL HMO Employee Only/Single
652	TEAMSTERS	Male	8/11/1959	33306	DENTAL HMO Employee Only/Single
653	TEAMSTERS	Female	11/22/1959	33351	DENTAL HMO Employee Only/Single
654	TEAMSTERS	Male	6/8/1960	33319	DENTAL HMO Employee Only/Single
655	TEAMSTERS	Female	1/10/1989	33312	DENTAL HMO Employee Only/Single
656	TEAMSTERS	Male	7/18/1988	33169	DENTAL HMO Employee Only/Single
657	TEAMSTERS	Male	2/13/1960	33311	DENTAL HMO Employee Only/Single
658	TEAMSTERS	Female	6/21/1961	33304	DENTAL HMO Employee Only/Single
659	TEAMSTERS	Female	5/29/1964	33334	DENTAL HMO Employee Only/Single
660	TEAMSTERS	Male	10/29/1983	33309	DENTAL HMO Employee Only/Single
661	TEAMSTERS	Male	5/9/1954	33069	DENTAL HMO Employee Only/Single
662	TEAMSTERS	Female	10/29/1961	33063	DENTAL HMO Employee Only/Single
663	TEAMSTERS	Male	8/10/1958	33314	DENTAL HMO Employee Only/Single
664	TEAMSTERS	Female	10/25/1966	33317	DENTAL HMO Employee Only/Single
665	TEAMSTERS	Male	2/11/1955	33351	DENTAL HMO Employee Only/Single
666	TEAMSTERS	Female	3/11/1959	33056	DENTAL HMO Employee Only/Single
667	TEAMSTERS	Female	7/23/1977	33068	DENTAL HMO Employee Only/Single
668	TEAMSTERS	Male	10/14/1985	33313	DENTAL HMO Employee Only/Single
669	TEAMSTERS	Female	8/7/1953	33019	DENTAL HMO Employee Only/Single
670	TEAMSTERS	Male	9/6/1986	33311	DENTAL HMO Employee Only/Single
671	TEAMSTERS	Female	6/29/1954	33162	DENTAL HMO Employee Only/Single
672	TEAMSTERS	Male	11/13/1955	33324	DENTAL HMO Employee Only/Single
673	CONFIDENTIAL	Female	7/26/1965	33316	DENTAL HMO Family
674	CONFIDENTIAL	Female	9/1/1964	33317	DENTAL HMO Family
675	FED-PROF	Female	5/2/1976	33021	DENTAL HMO Family
676	FED-PROF	Male	1/29/1965	33319	DENTAL HMO Family
677	FED-PROF	Female	6/10/1970	33311	DENTAL HMO Family
678	FED-PROF	Male	5/18/1978	33071	DENTAL HMO Family
679	FED-SUPV	Male	4/10/1972	33486	DENTAL HMO Family
680	MANAGEMENT	Male	1/19/1975	33029	DENTAL HMO Family
681	MANAGEMENT	Male	1/2/1973	33414	DENTAL HMO Family
682	MANAGEMENT	Male	6/30/1969	33442	DENTAL HMO Family
683	MANAGEMENT	Male	3/21/1965	33026	DENTAL HMO Family
684	MANAGEMENT	Female	5/17/1973	33065	DENTAL HMO Family
685	MANAGEMENT	Female	5/30/1980	33179	DENTAL HMO Family
686	MANAGEMENT	Female	3/22/1971	33330	DENTAL HMO Family
687	MANAGEMENT	Male	2/10/1972	33428	DENTAL HMO Family
688	MANAGEMENT	Male	3/5/1971	33473	DENTAL HMO Family
689	MANAGEMENT	Female	10/28/1972	33319	DENTAL HMO Family
690	MANAGEMENT	Male	10/8/1961	33410	DENTAL HMO Family
691	MANAGEMENT	Male	1/30/1976	33319	DENTAL HMO Family
692	MANAGEMENT	Male	11/16/1961	33324	DENTAL HMO Family
693	TEAMSTERS	Female	8/18/1967	33324	DENTAL HMO Family
694	TEAMSTERS	Male	8/6/1966	33321	DENTAL HMO Family
695	TEAMSTERS	Female	9/22/1955	33025	DENTAL HMO Family
696	TEAMSTERS	Male	12/1/1981	33311	DENTAL HMO Family
697	TEAMSTERS	Male	11/27/1958	33312	DENTAL HMO Family
698	TEAMSTERS	Female	6/4/1964	33069	DENTAL HMO Family
699	TEAMSTERS	Male	1/16/1963	33311	DENTAL HMO Family

1	IAFF	Male	2/25/1968	33178	DENTAL FIRE Employee & Children
2	IAFF	Male	7/3/1956	33169	DENTAL FIRE Employee & Children
3	IAFF	Male	1/7/1960	33311	DENTAL FIRE Employee & Children
700	TEAMSTERS	Male	4/30/1969	33063	DENTAL HMO Family
701	TEAMSTERS	Male	4/5/1964	33073	DENTAL HMO Family
702	TEAMSTERS	Male	1/15/1971	33317	DENTAL HMO Family
703	TEAMSTERS	Female	1/13/1964	33309	DENTAL HMO Family
704	TEAMSTERS	Male	10/21/1975	33021	DENTAL HMO Family
705	TEAMSTERS	Male	7/13/1974	33025	DENTAL HMO Family
706	TEAMSTERS	Male	1/22/1978	33023	DENTAL HMO Family
707	TEAMSTERS	Male	8/21/1981	33311	DENTAL HMO Family
708	TEAMSTERS	Male	1/5/1965	33322	DENTAL HMO Family
709	TEAMSTERS	Male	5/29/1956	33073	DENTAL HMO Family
710	TEAMSTERS	Male	7/10/1969	33004	DENTAL HMO Family
711	TEAMSTERS	Male	12/31/1959	33446	DENTAL HMO Family
712	TEAMSTERS	Female	10/23/1964	33311	DENTAL HMO Family
713	TEAMSTERS	Male	7/31/1977	33024	DENTAL HMO Family
714	TEAMSTERS	Male	10/18/1956	33309	DENTAL HMO Family
715	TEAMSTERS	Male	4/27/1958	33330	DENTAL HMO Family
716	TEAMSTERS	Female	3/26/1965	33428	DENTAL HMO Family
717	TEAMSTERS	Male	1/23/1954	33313	DENTAL HMO Family
718	TEAMSTERS	Female	4/4/1964	33311	DENTAL HMO Family
719	TEAMSTERS	Female	9/14/1967	33055	DENTAL HMO Family
720	TEAMSTERS	Male	9/28/1987	33311	DENTAL HMO Family
721	TEAMSTERS	Male	9/2/1963	33065	DENTAL HMO Family
722	TEAMSTERS	Male	6/16/1974	33309	DENTAL HMO Family
723	TEAMSTERS	Male	11/20/1970	33311	DENTAL HMO Family
724	TEAMSTERS	Female	12/14/1969	33060	DENTAL HMO Family
725	TEAMSTERS	Male	6/29/1973	33309	DENTAL HMO Family
726	TEAMSTERS	Male	10/7/1983	33024	DENTAL HMO Family
727	TEAMSTERS	Male	3/1/1963	33068	DENTAL HMO Family
728	TEAMSTERS	Male	9/13/1956	33063	DENTAL HMO Family
729	TEAMSTERS	Male	9/13/1963	33311	DENTAL HMO Family
730	TEAMSTERS	Male	1/5/1959	33068	DENTAL HMO Family
731	TEAMSTERS	Male	12/18/1965	33317	DENTAL HMO Family
732	TEAMSTERS	Female	6/10/1965	33330	DENTAL HMO Family
733	TEAMSTERS	Male	7/5/1956	33066	DENTAL HMO Family
734	TEAMSTERS	Female	9/16/1969	33021	DENTAL HMO Family
735	TEAMSTERS	Male	9/4/1969	33060	DENTAL HMO Family
736	TEAMSTERS	Female	11/10/1962	33441	DENTAL HMO Family
737	TEAMSTERS	Female	9/20/1962	33020	DENTAL HMO Family
738	TEAMSTERS	Male	3/28/1961	33060	DENTAL HMO Family
739	TEAMSTERS	Male	1/22/1988	33441	DENTAL HMO Family
740	TEAMSTERS	Male	5/7/1974	33069	DENTAL HMO Family
741	TEAMSTERS	Male	12/22/1968	33313	DENTAL HMO Family
742	TEAMSTERS	Male	12/1/1974	33323	DENTAL HMO Family
743	TEAMSTERS	Male	3/11/1962	33319	DENTAL HMO Family
744	TEAMSTERS	Male	4/9/1963	33309	DENTAL HMO Family
745	TEAMSTERS	Female	8/2/1964	33324	DENTAL HMO Family
746	TEAMSTERS	Male	12/22/1984	33411	DENTAL HMO Family
747	TEAMSTERS	Male	12/2/1972	33301	DENTAL HMO Family
748	TEAMSTERS	Male	1/20/1964	33311	DENTAL HMO Family
749	TEAMSTERS	Male	10/1/1963	33432	DENTAL HMO Family
750	TEAMSTERS	Male	10/20/1966	33311	DENTAL HMO Family
751	TEAMSTERS	Male	10/5/1980	33311	DENTAL HMO Family
752	TEAMSTERS	Male	4/9/1970	33321	DENTAL HMO Family
753	TEAMSTERS	Male	10/31/1953	33334	DENTAL HMO Family
754	TEAMSTERS	Male	2/28/1968	33311	DENTAL HMO Family
755	TEAMSTERS	Male	9/25/1955	33319	DENTAL HMO Family
756	CONFIDENTIAL	Female	6/27/1985	33168	DENTAL PPO Employee & Children
757	CONFIDENTIAL	Female	2/8/1965	33321	DENTAL PPO Employee & Children
758	FED-PROF	Male	9/7/1966	33334	DENTAL PPO Employee & Children
759	FED-PROF	Male	6/12/1965	33319	DENTAL PPO Employee & Children
760	FED-PROF	Female	6/11/1963	33025	DENTAL PPO Employee & Children
761	FED-PROF	Male	7/1/1983	33317	DENTAL PPO Employee & Children
762	FED-PROF	Male	3/9/1957	33328	DENTAL PPO Employee & Children

1	IAFF	Male	2/25/1968	33178	DENTAL FIRE	Employee & Children
2	IAFF	Male	7/3/1956	33169	DENTAL FIRE	Employee & Children
3	IAFF	Male	1/7/1960	33311	DENTAL FIRE	Employee & Children
763	FED-PROF	Female	6/2/1979	33414	DENTAL PPO	Employee & Children
764	FED-PROF	Female	11/4/1971	33026	DENTAL PPO	Employee & Children
765	FED-PROF	Female	5/26/1977	33304	DENTAL PPO	Employee & Children
766	FED-PROF	Female	1/8/1988	33351	DENTAL PPO	Employee & Children
767	FED-PROF	Female	9/29/1973	33319	DENTAL PPO	Employee & Children
768	FED-PROF	Female	3/21/1977	33304	DENTAL PPO	Employee & Children
769	FED-PROF	Female	9/30/1960	33442	DENTAL PPO	Employee & Children
770	FED-PROF	Female	12/28/1980	33023	DENTAL PPO	Employee & Children
771	FED-PROF	Female	2/28/1973	33314	DENTAL PPO	Employee & Children
772	FED-PROF	Male	4/11/1959	33160	DENTAL PPO	Employee & Children
773	FED-PROF	Female	12/4/1973	33064	DENTAL PPO	Employee & Children
774	FED-PROF	Female	4/26/1971	33334	DENTAL PPO	Employee & Children
775	FED-PROF	Female	5/19/1982	33067	DENTAL PPO	Employee & Children
776	FED-PROF	Female	5/4/1964	33317	DENTAL PPO	Employee & Children
777	FED-PROF	Female	8/4/1973	33311	DENTAL PPO	Employee & Children
778	FED-PROF	Male	1/29/1959	33328	DENTAL PPO	Employee & Children
779	FED-PROF	Male	9/30/1975	33063	DENTAL PPO	Employee & Children
780	FED-PROF	Female	7/27/1975	33308	DENTAL PPO	Employee & Children
781	FED-SUPV	Male	3/26/1967	33312	DENTAL PPO	Employee & Children
782	FED-SUPV	Male	1/2/1976	33065	DENTAL PPO	Employee & Children
783	FED-SUPV	Male	4/27/1964	33309	DENTAL PPO	Employee & Children
784	FED-SUPV	Male	4/28/1961	33066	DENTAL PPO	Employee & Children
785	FED-SUPV	Female	10/7/1972	33060	DENTAL PPO	Employee & Children
786	MANAGEMENT	Male	10/27/1974	33323	DENTAL PPO	Employee & Children
787	MANAGEMENT	Female	7/26/1973	33065	DENTAL PPO	Employee & Children
788	MANAGEMENT	Male	8/12/1970	33319	DENTAL PPO	Employee & Children
789	MANAGEMENT	Male	9/30/1983	33326	DENTAL PPO	Employee & Children
790	MANAGEMENT	Female	4/12/1979	33428	DENTAL PPO	Employee & Children
791	MANAGEMENT	Male	3/4/1962	33322	DENTAL PPO	Employee & Children
792	MANAGEMENT	Female	2/21/1974	33322	DENTAL PPO	Employee & Children
793	MANAGEMENT	Male	5/3/1976	33435	DENTAL PPO	Employee & Children
794	MANAGEMENT	Female	4/15/1969	33183	DENTAL PPO	Employee & Children
795	MANAGEMENT	Male	12/13/1964	33187	DENTAL PPO	Employee & Children
796	MANAGEMENT	Female	1/9/1961	33324	DENTAL PPO	Employee & Children
797	MANAGEMENT	Male	9/9/1967	33351	DENTAL PPO	Employee & Children
798	MANAGEMENT	Female	9/29/1967	33313	DENTAL PPO	Employee & Children
799	MANAGEMENT	Female	6/9/1969	33309	DENTAL PPO	Employee & Children
800	MANAGEMENT	Male	3/10/1967	33334	DENTAL PPO	Employee & Children
801	MANAGEMENT	Male	4/1/1963	33314	DENTAL PPO	Employee & Children
802	MANAGEMENT	Female	7/19/1972	33025	DENTAL PPO	Employee & Children
803	MANAGEMENT	Female	5/27/1968	33322	DENTAL PPO	Employee & Children
804	MANAGEMENT	Female	10/17/1962	33311	DENTAL PPO	Employee & Children
805	MANAGEMENT	Female	11/17/1987	33308	DENTAL PPO	Employee & Children
806	TEAMSTERS	Male	8/19/1971	33064	DENTAL PPO	Employee & Children
807	TEAMSTERS	Female	6/1/1971	33322	DENTAL PPO	Employee & Children
808	TEAMSTERS	Male	10/6/1967	33313	DENTAL PPO	Employee & Children
809	TEAMSTERS	Female	1/21/1989	33311	DENTAL PPO	Employee & Children
810	TEAMSTERS	Female	10/3/1981	33309	DENTAL PPO	Employee & Children
811	TEAMSTERS	Female	10/27/1964	33311	DENTAL PPO	Employee & Children
812	TEAMSTERS	Female	12/27/1968	33317	DENTAL PPO	Employee & Children
813	TEAMSTERS	Male	7/8/1975	33311	DENTAL PPO	Employee & Children
814	TEAMSTERS	Male	8/23/1969	33024	DENTAL PPO	Employee & Children
815	TEAMSTERS	Male	11/19/1982	33313	DENTAL PPO	Employee & Children
816	TEAMSTERS	Male	5/15/1965	33306	DENTAL PPO	Employee & Children
817	TEAMSTERS	Male	3/11/1988	33161	DENTAL PPO	Employee & Children
818	TEAMSTERS	Male	5/12/1967	33312	DENTAL PPO	Employee & Children
819	TEAMSTERS	Female	11/29/1974	33060	DENTAL PPO	Employee & Children
820	TEAMSTERS	Female	7/27/1956	33004	DENTAL PPO	Employee & Children
821	TEAMSTERS	Male	1/12/1978	33309	DENTAL PPO	Employee & Children
822	TEAMSTERS	Male	8/6/1965	33313	DENTAL PPO	Employee & Children
823	TEAMSTERS	Female	4/27/1963	33068	DENTAL PPO	Employee & Children
824	TEAMSTERS	Female	1/31/1965	33060	DENTAL PPO	Employee & Children
825	TEAMSTERS	Female	9/13/1962	33313	DENTAL PPO	Employee & Children
826	TEAMSTERS	Male	1/12/1971	33321	DENTAL PPO	Employee & Children

1	IAFF	Male	2/25/1968	33178	DENTAL FIRE	Employee & Children
2	IAFF	Male	7/3/1956	33169	DENTAL FIRE	Employee & Children
3	IAFF	Male	1/7/1960	33311	DENTAL FIRE	Employee & Children
827	TEAMSTERS	Male	8/25/1974	33311	DENTAL PPO	Employee & Children
828	TEAMSTERS	Female	7/11/1981	33069	DENTAL PPO	Employee & Children
829	TEAMSTERS	Female	8/11/1976	33063	DENTAL PPO	Employee & Children
830	TEAMSTERS	Female	5/28/1975	33310	DENTAL PPO	Employee & Children
831	TEAMSTERS	Male	11/1/1971	33023	DENTAL PPO	Employee & Children
832	TEAMSTERS	Male	9/15/1975	33312	DENTAL PPO	Employee & Children
833	TEAMSTERS	Male	9/29/1966	33068	DENTAL PPO	Employee & Children
834	TEAMSTERS	Female	11/25/1963	33319	DENTAL PPO	Employee & Children
835	TEAMSTERS	Male	10/30/1981	33063	DENTAL PPO	Employee & Children
836	TEAMSTERS	Female	2/11/1961	33321	DENTAL PPO	Employee & Children
837	TEAMSTERS	Male	1/3/1971	33060	DENTAL PPO	Employee & Children
838	TEAMSTERS	Male	6/25/1967	33351	DENTAL PPO	Employee & Children
839	TEAMSTERS	Male	6/20/1969	33351	DENTAL PPO	Employee & Children
840	TEAMSTERS	Male	10/20/1959	33169	DENTAL PPO	Employee & Children
841	TEAMSTERS	Male	12/24/1983	33169	DENTAL PPO	Employee & Children
842	TEAMSTERS	Female	12/16/1974	33321	DENTAL PPO	Employee & Children
843	TEAMSTERS	Male	2/24/1966	33311	DENTAL PPO	Employee & Children
844	TEAMSTERS	Male	10/23/1976	33069	DENTAL PPO	Employee & Children
845	TEAMSTERS	Male	5/27/1977	33311	DENTAL PPO	Employee & Children
846	TEAMSTERS	Male	6/11/1976	33313	DENTAL PPO	Employee & Children
847	TEAMSTERS	Male	6/6/1960	33310	DENTAL PPO	Employee & Children
848	TEAMSTERS	Male	8/26/1967	33311	DENTAL PPO	Employee & Children
849	TEAMSTERS	Female	10/5/1975	33311	DENTAL PPO	Employee & Children
850	CONFIDENTIAL	Female	1/6/1965	33311	DENTAL PPO	Employee & Spouse
851	CONFIDENTIAL	Female	2/19/1955	33304	DENTAL PPO	Employee & Spouse
852	CONFIDENTIAL	Female	11/11/1960	33315	DENTAL PPO	Employee & Spouse
853	FED-PROF	Male	3/8/1941	33311	DENTAL PPO	Employee & Spouse
854	FED-PROF	Female	11/20/1952	33023	DENTAL PPO	Employee & Spouse
855	FED-PROF	Female	3/25/1976	33315	DENTAL PPO	Employee & Spouse
856	FED-PROF	Male	12/29/1970	33301	DENTAL PPO	Employee & Spouse
857	FED-PROF	Male	8/16/1985	33025	DENTAL PPO	Employee & Spouse
858	FED-PROF	Male	4/17/1966	33069	DENTAL PPO	Employee & Spouse
859	FED-PROF	Female	10/19/1957	33167	DENTAL PPO	Employee & Spouse
860	FED-PROF	Male	8/27/1952	33060	DENTAL PPO	Employee & Spouse
861	FED-PROF	Male	7/27/1960	33321	DENTAL PPO	Employee & Spouse
862	FED-PROF	Female	2/12/1963	33321	DENTAL PPO	Employee & Spouse
863	FED-PROF	Female	10/28/1974	33311	DENTAL PPO	Employee & Spouse
864	FED-PROF	Female	6/15/1987	33308	DENTAL PPO	Employee & Spouse
865	FED-PROF	Female	5/25/1951	33311	DENTAL PPO	Employee & Spouse
866	FED-PROF	Male	3/29/1958	33027	DENTAL PPO	Employee & Spouse
867	FED-PROF	Male	1/3/1965	33023	DENTAL PPO	Employee & Spouse
868	FED-PROF	Male	5/14/1965	36878	DENTAL PPO	Employee & Spouse
869	FED-PROF	Male	2/4/1956	33305	DENTAL PPO	Employee & Spouse
870	FED-PROF	Male	2/3/1976	33180	DENTAL PPO	Employee & Spouse
871	FED-PROF	Female	10/17/1968	33322	DENTAL PPO	Employee & Spouse
872	FED-PROF	Female	2/18/1960	33063	DENTAL PPO	Employee & Spouse
873	FED-PROF	Female	10/24/1971	33065	DENTAL PPO	Employee & Spouse
874	FED-PROF	Male	5/21/1959	33012	DENTAL PPO	Employee & Spouse
875	FED-PROF	Female	11/11/1985	33063	DENTAL PPO	Employee & Spouse
876	FED-PROF	Female	9/2/1952	33308	DENTAL PPO	Employee & Spouse
877	FED-PROF	Male	3/29/1980	33033	DENTAL PPO	Employee & Spouse
878	FED-PROF	Male	1/9/1966	33160	DENTAL PPO	Employee & Spouse
879	FED-PROF	Male	11/23/1964	33442	DENTAL PPO	Employee & Spouse
880	FED-PROF	Female	5/11/1975	33312	DENTAL PPO	Employee & Spouse
881	FED-PROF	Male	1/21/1963	33308	DENTAL PPO	Employee & Spouse
882	FED-PROF	Male	10/25/1969	33324	DENTAL PPO	Employee & Spouse
883	FED-PROF	Female	2/9/1951	33026	DENTAL PPO	Employee & Spouse
884	FED-PROF	Male	5/6/1952	33306	DENTAL PPO	Employee & Spouse
885	FED-PROF	Female	9/15/1958	33319	DENTAL PPO	Employee & Spouse
886	FED-SUPV	Male	11/18/1960	33324	DENTAL PPO	Employee & Spouse
887	FED-SUPV	Male	2/7/1966	33324	DENTAL PPO	Employee & Spouse
888	FED-SUPV	Female	8/29/1961	33323	DENTAL PPO	Employee & Spouse
889	FED-SUPV	Male	12/27/1955	33301	DENTAL PPO	Employee & Spouse

1	IAFF	Male	2/25/1968	33178	DENTAL FIRE	Employee & Children
2	IAFF	Male	7/3/1956	33169	DENTAL FIRE	Employee & Children
3	IAFF	Male	1/7/1960	33311	DENTAL FIRE	Employee & Children
890	FED-SUPV	Male	5/13/1959	33309	DENTAL PPO	Employee & Spouse
891	FED-SUPV	Male	4/25/1962	33308	DENTAL PPO	Employee & Spouse
892	FED-SUPV	Male	12/19/1959	33478	DENTAL PPO	Employee & Spouse
893	FED-SUPV	Male	8/6/1956	33064	DENTAL PPO	Employee & Spouse
894	FED-SUPV	Female	2/1/1960	33442	DENTAL PPO	Employee & Spouse
895	FED-SUPV	Male	10/26/1961	33405	DENTAL PPO	Employee & Spouse
896	FED-SUPV	Male	6/28/1951	33315	DENTAL PPO	Employee & Spouse
897	FED-SUPV	Male	2/8/1961	33334	DENTAL PPO	Employee & Spouse
898	FED-SUPV	Male	12/10/1954	33317	DENTAL PPO	Employee & Spouse
899	MANAGEMENT	Female	1/19/1984	33160	DENTAL PPO	Employee & Spouse
900	MANAGEMENT	Male	10/10/1955	33304	DENTAL PPO	Employee & Spouse
901	MANAGEMENT	Male	7/22/1950	33317	DENTAL PPO	Employee & Spouse
902	MANAGEMENT	Female	12/21/1958	33324	DENTAL PPO	Employee & Spouse
903	MANAGEMENT	Male	9/14/1975	33311	DENTAL PPO	Employee & Spouse
904	MANAGEMENT	Male	1/5/1988	33312	DENTAL PPO	Employee & Spouse
905	MANAGEMENT	Male	1/4/1982	33316	DENTAL PPO	Employee & Spouse
906	MANAGEMENT	Male	3/27/1943	33179	DENTAL PPO	Employee & Spouse
907	MANAGEMENT	Male	6/6/1978	33020	DENTAL PPO	Employee & Spouse
908	MANAGEMENT	Male	7/17/1958	33069	DENTAL PPO	Employee & Spouse
909	MANAGEMENT	Male	4/11/1950	33315	DENTAL PPO	Employee & Spouse
910	MANAGEMENT	Female	1/16/1964	33305	DENTAL PPO	Employee & Spouse
911	MANAGEMENT	Male	6/9/1957	33025	DENTAL PPO	Employee & Spouse
912	MANAGEMENT	Male	2/25/1974	33136	DENTAL PPO	Employee & Spouse
913	MANAGEMENT	Male	8/5/1953	33305	DENTAL PPO	Employee & Spouse
914	MANAGEMENT	Female	11/21/1963	33311	DENTAL PPO	Employee & Spouse
915	MANAGEMENT	Male	7/2/1956	33018	DENTAL PPO	Employee & Spouse
916	MANAGEMENT	Female	6/21/1988	33334	DENTAL PPO	Employee & Spouse
917	MANAGEMENT	Male	5/17/1968	33317	DENTAL PPO	Employee & Spouse
918	MANAGEMENT	Male	9/26/1952	34949	DENTAL PPO	Employee & Spouse
919	MANAGEMENT	Male	2/26/1963	33019	DENTAL PPO	Employee & Spouse
920	MANAGEMENT	Male	6/16/1965	33305	DENTAL PPO	Employee & Spouse
921	MANAGEMENT	Female	8/1/1982	33309	DENTAL PPO	Employee & Spouse
922	MANAGEMENT	Female	12/1/1965	33062	DENTAL PPO	Employee & Spouse
923	MANAGEMENT	Female	10/31/1955	33317	DENTAL PPO	Employee & Spouse
924	MANAGEMENT	Female	12/21/1965	33326	DENTAL PPO	Employee & Spouse
925	MANAGEMENT	Male	5/15/1966	33309	DENTAL PPO	Employee & Spouse
926	MANAGEMENT	Male	5/14/1953	33301	DENTAL PPO	Employee & Spouse
927	MANAGEMENT	Male	12/5/1982	33304	DENTAL PPO	Employee & Spouse
928	MANAGEMENT	Male	10/5/1953	33309	DENTAL PPO	Employee & Spouse
929	MANAGEMENT	Female	11/12/1960	33073	DENTAL PPO	Employee & Spouse
930	MANAGEMENT	Female	3/27/1961	33317	DENTAL PPO	Employee & Spouse
931	MANAGEMENT	Female	4/1/1960	33179	DENTAL PPO	Employee & Spouse
932	TEAMSTERS	Male	11/11/1985	33064	DENTAL PPO	Employee & Spouse
933	TEAMSTERS	Male	9/23/1958	33314	DENTAL PPO	Employee & Spouse
934	TEAMSTERS	Male	2/20/1992	33309	DENTAL PPO	Employee & Spouse
935	TEAMSTERS	Male	5/13/1955	33025	DENTAL PPO	Employee & Spouse
936	TEAMSTERS	Male	10/13/1959	33311	DENTAL PPO	Employee & Spouse
937	TEAMSTERS	Male	6/21/1962	33313	DENTAL PPO	Employee & Spouse
938	TEAMSTERS	Male	8/23/1969	33311	DENTAL PPO	Employee & Spouse
939	TEAMSTERS	Female	2/5/1957	33311	DENTAL PPO	Employee & Spouse
940	TEAMSTERS	Male	9/19/1976	33311	DENTAL PPO	Employee & Spouse
941	TEAMSTERS	Male	8/9/1954	33066	DENTAL PPO	Employee & Spouse
942	TEAMSTERS	Male	8/9/1955	33311	DENTAL PPO	Employee & Spouse
943	TEAMSTERS	Male	5/24/1958	33311	DENTAL PPO	Employee & Spouse
944	TEAMSTERS	Male	9/13/1967	33351	DENTAL PPO	Employee & Spouse
945	TEAMSTERS	Female	12/21/1974	33321	DENTAL PPO	Employee & Spouse
946	TEAMSTERS	Male	8/1/1970	33324	DENTAL PPO	Employee & Spouse
947	TEAMSTERS	Male	2/13/1960	33311-4243	DENTAL PPO	Employee & Spouse
948	TEAMSTERS	Male	8/26/1980	33334	DENTAL PPO	Employee & Spouse
949	TEAMSTERS	Female	8/8/1961	33066	DENTAL PPO	Employee & Spouse
950	TEAMSTERS	Male	7/28/1953	33023	DENTAL PPO	Employee & Spouse
951	TEAMSTERS	Male	5/30/1963	33309	DENTAL PPO	Employee & Spouse
952	TEAMSTERS	Male	7/10/1963	33325	DENTAL PPO	Employee & Spouse
953	TEAMSTERS	Male	11/3/1952	33324	DENTAL PPO	Employee & Spouse

1	IAFF	Male	2/25/1968	33178	DENTAL FIRE	Employee & Children
2	IAFF	Male	7/3/1956	33169	DENTAL FIRE	Employee & Children
3	IAFF	Male	1/7/1960	33311	DENTAL FIRE	Employee & Children
954	TEAMSTERS	Female	9/3/1970	33020	DENTAL PPO	Employee & Spouse
955	TEAMSTERS	Male	5/22/1957	33060	DENTAL PPO	Employee & Spouse
956	TEAMSTERS	Male	4/12/1960	33169	DENTAL PPO	Employee & Spouse
957	TEAMSTERS	Female	11/20/1957	33317	DENTAL PPO	Employee & Spouse
958	TEAMSTERS	Female	3/26/1964	33319	DENTAL PPO	Employee & Spouse
959	TEAMSTERS	Male	12/18/1957	33063	DENTAL PPO	Employee & Spouse
960	TEAMSTERS	Male	9/25/1946	33028	DENTAL PPO	Employee & Spouse
961	TEAMSTERS	Male	11/13/1952	33309	DENTAL PPO	Employee & Spouse
962	TEAMSTERS	Male	5/6/1983	33028	DENTAL PPO	Employee & Spouse
963	TEAMSTERS	Male	7/9/1966	33441	DENTAL PPO	Employee & Spouse
964	TEAMSTERS	Male	12/5/1985	33321	DENTAL PPO	Employee & Spouse
965	TEAMSTERS	Female	12/9/1958	33073	DENTAL PPO	Employee & Spouse
966	TEAMSTERS	Male	10/16/1960	33316	DENTAL PPO	Employee & Spouse
967	TEAMSTERS	Male	11/15/1958	33312	DENTAL PPO	Employee & Spouse
968	TEAMSTERS	Female	8/23/1954	33309	DENTAL PPO	Employee & Spouse
969	TEAMSTERS	Female	6/18/1984	33026	DENTAL PPO	Employee & Spouse
970	TEAMSTERS	Male	4/21/1967	34953	DENTAL PPO	Employee & Spouse
971	TEAMSTERS	Male	3/11/1960	33021	DENTAL PPO	Employee & Spouse
972	TEAMSTERS	Male	9/21/1958	33311	DENTAL PPO	Employee & Spouse
973	TEAMSTERS	Male	5/14/1956	33312	DENTAL PPO	Employee & Spouse
974	TEAMSTERS	Male	5/14/1953	33076	DENTAL PPO	Employee & Spouse
975	TEAMSTERS	Male	2/21/1970	33321	DENTAL PPO	Employee & Spouse
976	TEAMSTERS	Female	12/31/1966	33309	DENTAL PPO	Employee & Spouse
977	TEAMSTERS	Male	8/24/1974	33486	DENTAL PPO	Employee & Spouse
978	TEAMSTERS	Male	9/16/1960	33023	DENTAL PPO	Employee & Spouse
979	TEAMSTERS	Male	10/31/1956	33314	DENTAL PPO	Employee & Spouse
980	TEAMSTERS	Male	7/9/1964	33162	DENTAL PPO	Employee & Spouse
981	TEAMSTERS	Male	6/30/1965	33315	DENTAL PPO	Employee & Spouse
982	TEAMSTERS	Male	3/24/1959	33322	DENTAL PPO	Employee & Spouse
983	TEAMSTERS	Female	9/25/1970	33065	DENTAL PPO	Employee & Spouse
984	TEAMSTERS	Male	7/22/1957	33334	DENTAL PPO	Employee & Spouse
985	TEAMSTERS	Male	10/6/1979	33311	DENTAL PPO	Employee & Spouse
986	TEAMSTERS	Male	2/16/1973	33351	DENTAL PPO	Employee & Spouse
987	TEAMSTERS	Male	8/15/1974	33071	DENTAL PPO	Employee & Spouse
988	TEAMSTERS	Male	11/7/1955	33025	DENTAL PPO	Employee & Spouse
989	TEAMSTERS	Male	7/5/1946	33317	DENTAL PPO	Employee & Spouse
990	TEAMSTERS	Male	3/30/1955	33315	DENTAL PPO	Employee & Spouse
991	TEAMSTERS	Male	12/14/1987	33020	DENTAL PPO	Employee & Spouse
992	TEAMSTERS	Male	12/24/1982	33060	DENTAL PPO	Employee & Spouse
993	TEAMSTERS	Male	5/17/1984	33025	DENTAL PPO	Employee & Spouse
994	TEAMSTERS	Male	9/4/1968	33314	DENTAL PPO	Employee & Spouse
995	TEAMSTERS	Male	3/4/1968	33315	DENTAL PPO	Employee & Spouse
996	TEAMSTERS	Female	4/7/1979	33441	DENTAL PPO	Employee & Spouse
997	TEAMSTERS	Male	5/19/1978	33313	DENTAL PPO	Employee & Spouse
998	TEAMSTERS	Male	11/4/1955	33060	DENTAL PPO	Employee & Spouse
999	TEAMSTERS	Male	2/11/1960	33311	DENTAL PPO	Employee & Spouse
1000	TEAMSTERS	Female	5/28/1967	33323	DENTAL PPO	Employee & Spouse
1001	TEAMSTERS	Female	7/20/1970	33309	DENTAL PPO	Employee & Spouse
1002	CONFIDENTIAL	Female	11/3/1945	33321	DENTAL PPO	Employee Only/Single
1003	CONFIDENTIAL	Female	10/10/1964	33313	DENTAL PPO	Employee Only/Single
1004	CONFIDENTIAL	Female	2/20/1955	33324	DENTAL PPO	Employee Only/Single
1005	CONFIDENTIAL	Female	6/12/1982	33063	DENTAL PPO	Employee Only/Single
1006	CONFIDENTIAL	Female	11/14/1958	33470	DENTAL PPO	Employee Only/Single
1007	CONFIDENTIAL	Female	8/6/1992	33162	DENTAL PPO	Employee Only/Single
1008	CONFIDENTIAL	Male	2/28/1972	33025	DENTAL PPO	Employee Only/Single
1009	CONFIDENTIAL	Female	1/28/1959	33312	DENTAL PPO	Employee Only/Single
1010	CONFIDENTIAL	Male	7/7/1966	33309	DENTAL PPO	Employee Only/Single
1011	CONFIDENTIAL	Female	2/26/1980	33065	DENTAL PPO	Employee Only/Single
1012	CONFIDENTIAL	Female	9/25/1959	33312	DENTAL PPO	Employee Only/Single
1013	CONFIDENTIAL	Female	7/5/1954	33313	DENTAL PPO	Employee Only/Single
1014	CONFIDENTIAL	Female	1/18/1950	33312	DENTAL PPO	Employee Only/Single
1015	CONFIDENTIAL	Female	7/20/1974	33324	DENTAL PPO	Employee Only/Single
1016	CONFIDENTIAL	Female	12/6/1968	33312	DENTAL PPO	Employee Only/Single

1	IAFF	Male	2/25/1968	33178	DENTAL FIRE	Employee & Children
2	IAFF	Male	7/3/1956	33169	DENTAL FIRE	Employee & Children
3	IAFF	Male	1/7/1960	33311	DENTAL FIRE	Employee & Children
1017	FED-PROF	Male	6/16/1989	33071	DENTAL PPO	Employee Only/Single
1018	FED-PROF	Female	6/20/1957	33328	DENTAL PPO	Employee Only/Single
1019	FED-PROF	Female	10/29/1976	33023	DENTAL PPO	Employee Only/Single
1020	FED-PROF	Male	4/4/1990	33312	DENTAL PPO	Employee Only/Single
1021	FED-PROF	Female	12/22/1974	33437	DENTAL PPO	Employee Only/Single
1022	FED-PROF	Male	1/19/1982	33073	DENTAL PPO	Employee Only/Single
1023	FED-PROF	Male	4/29/1968	33064	DENTAL PPO	Employee Only/Single
1024	FED-PROF	Female	10/30/1957	33024	DENTAL PPO	Employee Only/Single
1025	FED-PROF	Male	7/1/1985	33073	DENTAL PPO	Employee Only/Single
1026	FED-PROF	Female	10/23/1964	33024	DENTAL PPO	Employee Only/Single
1027	FED-PROF	Female	5/5/1958	33322	DENTAL PPO	Employee Only/Single
1028	FED-PROF	Female	9/30/1982	33319	DENTAL PPO	Employee Only/Single
1029	FED-PROF	Male	4/9/1955	33313	DENTAL PPO	Employee Only/Single
1030	FED-PROF	Male	9/1/1982	33026	DENTAL PPO	Employee Only/Single
1031	FED-PROF	Female	12/16/1964	33319	DENTAL PPO	Employee Only/Single
1032	FED-PROF	Female	9/14/1965	33313	DENTAL PPO	Employee Only/Single
1033	FED-PROF	Female	11/8/1959	33315	DENTAL PPO	Employee Only/Single
1034	FED-PROF	Female	2/21/1983	33060	DENTAL PPO	Employee Only/Single
1035	FED-PROF	Female	8/16/1964	33025	DENTAL PPO	Employee Only/Single
1036	FED-PROF	Male	2/5/1962	33065	DENTAL PPO	Employee Only/Single
1037	FED-PROF	Male	4/25/1958	33308	DENTAL PPO	Employee Only/Single
1038	FED-PROF	Male	12/5/1973	33334	DENTAL PPO	Employee Only/Single
1039	FED-PROF	Female	2/25/1966	33328	DENTAL PPO	Employee Only/Single
1040	FED-PROF	Male	9/12/1963	33305	DENTAL PPO	Employee Only/Single
1041	FED-PROF	Female	9/26/1958	33304	DENTAL PPO	Employee Only/Single
1042	FED-PROF	Male	11/5/1984	33311	DENTAL PPO	Employee Only/Single
1043	FED-PROF	Female	6/23/1979	33302	DENTAL PPO	Employee Only/Single
1044	FED-PROF	Female	11/23/1959	33068	DENTAL PPO	Employee Only/Single
1045	FED-PROF	Female	5/24/1974	80305	DENTAL PPO	Employee Only/Single
1046	FED-PROF	Male	4/12/1987	33186	DENTAL PPO	Employee Only/Single
1047	FED-PROF	Male	1/22/1986	33193	DENTAL PPO	Employee Only/Single
1048	FED-PROF	Female	7/22/1984	33321	DENTAL PPO	Employee Only/Single
1049	FED-PROF	Male	12/15/1938	33334	DENTAL PPO	Employee Only/Single
1050	FED-PROF	Male	1/23/1981	33321	DENTAL PPO	Employee Only/Single
1051	FED-PROF	Male	3/26/1980	33065	DENTAL PPO	Employee Only/Single
1052	FED-PROF	Female	2/5/1976	33312	DENTAL PPO	Employee Only/Single
1053	FED-PROF	Male	1/6/1953	33322	DENTAL PPO	Employee Only/Single
1054	FED-PROF	Female	8/17/1960	33308	DENTAL PPO	Employee Only/Single
1055	FED-PROF	Female	5/22/1960	33308	DENTAL PPO	Employee Only/Single
1056	FED-PROF	Male	11/16/1990	33025	DENTAL PPO	Employee Only/Single
1057	FED-PROF	Female	12/6/1951	33321	DENTAL PPO	Employee Only/Single
1058	FED-PROF	Female	9/22/1971	33065	DENTAL PPO	Employee Only/Single
1059	FED-PROF	Male	8/27/1989	33304	DENTAL PPO	Employee Only/Single
1060	FED-PROF	Male	12/8/1977	33186	DENTAL PPO	Employee Only/Single
1061	FED-PROF	Female	7/23/1983	33322	DENTAL PPO	Employee Only/Single
1062	FED-PROF	Female	12/2/1968	33028	DENTAL PPO	Employee Only/Single
1063	FED-PROF	Female	8/22/1957	33334	DENTAL PPO	Employee Only/Single
1064	FED-PROF	Female	12/10/1953	33021	DENTAL PPO	Employee Only/Single
1065	FED-PROF	Male	12/10/1986	33315	DENTAL PPO	Employee Only/Single
1066	FED-PROF	Male	6/7/1988	33071	DENTAL PPO	Employee Only/Single
1067	FED-PROF	Female	9/6/1971	33067-2839	DENTAL PPO	Employee Only/Single
1068	FED-PROF	Female	11/29/1958	33306	DENTAL PPO	Employee Only/Single
1069	FED-PROF	Male	3/13/1984	33301	DENTAL PPO	Employee Only/Single
1070	FED-PROF	Female	3/15/1970	33319	DENTAL PPO	Employee Only/Single
1071	FED-PROF	Female	10/28/1975	33312	DENTAL PPO	Employee Only/Single
1072	FED-PROF	Female	4/11/1975	33312	DENTAL PPO	Employee Only/Single
1073	FED-SUPV	Male	1/31/1959	33472	DENTAL PPO	Employee Only/Single
1074	FED-SUPV	Female	11/8/1978	33071	DENTAL PPO	Employee Only/Single
1075	FED-SUPV	Female	10/31/1962	33063	DENTAL PPO	Employee Only/Single
1076	FED-SUPV	Male	10/16/1978	33064	DENTAL PPO	Employee Only/Single
1077	FED-SUPV	Male	1/30/1960	33325	DENTAL PPO	Employee Only/Single
1078	FED-SUPV	Male	12/24/1977	33025	DENTAL PPO	Employee Only/Single
1079	FED-SUPV	Male	2/10/1982	33302	DENTAL PPO	Employee Only/Single
1080	FED-SUPV	Male	1/19/1960	33308	DENTAL PPO	Employee Only/Single

1	IAFF	Male	2/25/1968	33178	DENTAL FIRE	Employee & Children
2	IAFF	Male	7/3/1956	33169	DENTAL FIRE	Employee & Children
3	IAFF	Male	1/7/1960	33311	DENTAL FIRE	Employee & Children
1081	FED-SUPV	Female	10/28/1963	33060	DENTAL PPO	Employee Only/Single
1082	FED-SUPV	Male	12/11/1975	33311	DENTAL PPO	Employee Only/Single
1083	FED-SUPV	Female	9/30/1963	33327	DENTAL PPO	Employee Only/Single
1084	FED-SUPV	Male	6/17/1977	33305	DENTAL PPO	Employee Only/Single
1085	FED-SUPV	Male	10/7/1967	33305	DENTAL PPO	Employee Only/Single
1086	FED-SUPV	Male	1/9/1970	33304	DENTAL PPO	Employee Only/Single
1087	FED-SUPV	Male	1/24/1972	33065	DENTAL PPO	Employee Only/Single
1088	MANAGEMENT	Female	12/20/1987	33308	DENTAL PPO	Employee Only/Single
1089	MANAGEMENT	Female	4/21/1980	33020	DENTAL PPO	Employee Only/Single
1090	MANAGEMENT	Female	8/4/1975	33016	DENTAL PPO	Employee Only/Single
1091	MANAGEMENT	Male	8/12/1970	33162	DENTAL PPO	Employee Only/Single
1092	MANAGEMENT	Female	7/7/1966	33147	DENTAL PPO	Employee Only/Single
1093	MANAGEMENT	Female	6/10/1967	33319	DENTAL PPO	Employee Only/Single
1094	MANAGEMENT	Male	7/9/1963	33028	DENTAL PPO	Employee Only/Single
1095	MANAGEMENT	Male	4/24/1961	33334	DENTAL PPO	Employee Only/Single
1096	MANAGEMENT	Male	9/11/1958	33315	DENTAL PPO	Employee Only/Single
1097	MANAGEMENT	Male	11/6/1989	33308	DENTAL PPO	Employee Only/Single
1098	MANAGEMENT	Male	1/14/1976	33068	DENTAL PPO	Employee Only/Single
1099	MANAGEMENT	Female	9/30/1972	33345	DENTAL PPO	Employee Only/Single
1100	MANAGEMENT	Male	11/30/1969	33498	DENTAL PPO	Employee Only/Single
1101	MANAGEMENT	Male	6/17/1992	33324	DENTAL PPO	Employee Only/Single
1102	MANAGEMENT	Female	11/18/1957	33019	DENTAL PPO	Employee Only/Single
1103	MANAGEMENT	Male	8/1/1953	33064-7438	DENTAL PPO	Employee Only/Single
1104	MANAGEMENT	Male	9/10/1985	33155	DENTAL PPO	Employee Only/Single
1105	MANAGEMENT	Male	9/18/1978	33024	DENTAL PPO	Employee Only/Single
1106	MANAGEMENT	Female	5/28/1963	33324	DENTAL PPO	Employee Only/Single
1107	MANAGEMENT	Male	1/15/1965	33311	DENTAL PPO	Employee Only/Single
1108	MANAGEMENT	Male	5/27/1949	33309	DENTAL PPO	Employee Only/Single
1109	MANAGEMENT	Male	6/25/1965	33312	DENTAL PPO	Employee Only/Single
1110	MANAGEMENT	Female	8/4/1980	33334	DENTAL PPO	Employee Only/Single
1111	MANAGEMENT	Female	6/9/1963	33150	DENTAL PPO	Employee Only/Single
1112	MANAGEMENT	Female	11/28/1952	33334	DENTAL PPO	Employee Only/Single
1113	MANAGEMENT	Female	4/17/1967	33019	DENTAL PPO	Employee Only/Single
1114	MANAGEMENT	Female	2/28/1958	33304	DENTAL PPO	Employee Only/Single
1115	MANAGEMENT	Male	11/26/1971	33334	DENTAL PPO	Employee Only/Single
1116	MANAGEMENT	Male	1/11/1989	33467	DENTAL PPO	Employee Only/Single
1117	MANAGEMENT	Female	11/16/1957	33305	DENTAL PPO	Employee Only/Single
1118	MANAGEMENT	Female	8/26/1963	33325	DENTAL PPO	Employee Only/Single
1119	MANAGEMENT	Female	11/2/1982	33351	DENTAL PPO	Employee Only/Single
1120	MANAGEMENT	Male	10/31/1954	33319	DENTAL PPO	Employee Only/Single
1121	MANAGEMENT	Male	11/15/1960	33316	DENTAL PPO	Employee Only/Single
1122	MANAGEMENT	Male	5/14/1987	33312	DENTAL PPO	Employee Only/Single
1123	MANAGEMENT	Male	5/21/1965	33301	DENTAL PPO	Employee Only/Single
1124	MANAGEMENT	Female	11/18/1966	33029	DENTAL PPO	Employee Only/Single
1125	MANAGEMENT	Male	8/19/1964	33316	DENTAL PPO	Employee Only/Single
1126	MANAGEMENT	Male	1/20/1955	33324	DENTAL PPO	Employee Only/Single
1127	MANAGEMENT	Female	3/13/1962	33029	DENTAL PPO	Employee Only/Single
1128	MANAGEMENT	Female	3/4/1958	33067	DENTAL PPO	Employee Only/Single
1129	MANAGEMENT	Female	10/7/1963	33309	DENTAL PPO	Employee Only/Single
1130	MANAGEMENT	Male	4/12/1964	33312	DENTAL PPO	Employee Only/Single
1131	MANAGEMENT	Female	9/29/1954	33315-2745	DENTAL PPO	Employee Only/Single
1132	MANAGEMENT	Male	9/20/1990	33304	DENTAL PPO	Employee Only/Single
1133	MANAGEMENT	Male	1/2/1958	33324	DENTAL PPO	Employee Only/Single
1134	MANAGEMENT	Male	1/8/1962	33311	DENTAL PPO	Employee Only/Single
1135	MANAGEMENT	Male	10/9/1971	33321	DENTAL PPO	Employee Only/Single
1136	MANAGEMENT	Female	3/11/1993	32746	DENTAL PPO	Employee Only/Single
1137	MANAGEMENT	Male	10/10/1954	33322	DENTAL PPO	Employee Only/Single
1138	MANAGEMENT	Female	5/1/1958	33308	DENTAL PPO	Employee Only/Single
1139	MANAGEMENT	Female	1/9/1964	33472	DENTAL PPO	Employee Only/Single
1140	MANAGEMENT	Female	9/20/1969	33323	DENTAL PPO	Employee Only/Single
1141	MANAGEMENT	Male	11/10/1963	33015	DENTAL PPO	Employee Only/Single
1142	MANAGEMENT	Female	1/25/1956	33021	DENTAL PPO	Employee Only/Single
1143	MANAGEMENT	Female	5/27/1954	33063	DENTAL PPO	Employee Only/Single

1	IAFF	Male	2/25/1968	33178	DENTAL FIRE	Employee & Children
2	IAFF	Male	7/3/1956	33169	DENTAL FIRE	Employee & Children
3	IAFF	Male	1/7/1960	33311	DENTAL FIRE	Employee & Children
1144	MANAGEMENT	Female	4/22/1961	33472	DENTAL PPO	Employee Only/Single
1145	MANAGEMENT	Female	12/28/1973	33432	DENTAL PPO	Employee Only/Single
1146	MANAGEMENT	Female	10/16/1973	33478	DENTAL PPO	Employee Only/Single
1147	MANAGEMENT	Female	12/28/1957	33409	DENTAL PPO	Employee Only/Single
1148	MANAGEMENT	Male	4/9/1983	33308	DENTAL PPO	Employee Only/Single
1149	MANAGEMENT	Male	10/14/1953	33304	DENTAL PPO	Employee Only/Single
1150	MANAGEMENT	Male	8/18/1991	33301	DENTAL PPO	Employee Only/Single
1151	MANAGEMENT	Male	10/24/1967	33311	DENTAL PPO	Employee Only/Single
1152	TEAMSTERS	Male	5/22/1992	33311	DENTAL PPO	Employee Only/Single
1153	TEAMSTERS	Male	4/12/1989	33312	DENTAL PPO	Employee Only/Single
1154	TEAMSTERS	Female	6/13/1964	33311	DENTAL PPO	Employee Only/Single
1155	TEAMSTERS	Male	8/16/1950	33312	DENTAL PPO	Employee Only/Single
1156	TEAMSTERS	Female	1/28/1976	33319	DENTAL PPO	Employee Only/Single
1157	TEAMSTERS	Female	9/6/1963	33067	DENTAL PPO	Employee Only/Single
1158	TEAMSTERS	Female	8/10/1982	33068	DENTAL PPO	Employee Only/Single
1159	TEAMSTERS	Male	3/21/1962	33304	DENTAL PPO	Employee Only/Single
1160	TEAMSTERS	Male	1/25/1964	33315	DENTAL PPO	Employee Only/Single
1161	TEAMSTERS	Male	1/7/1964	33316	DENTAL PPO	Employee Only/Single
1162	TEAMSTERS	Female	10/1/1988	33060	DENTAL PPO	Employee Only/Single
1163	TEAMSTERS	Male	10/13/1991	33065	DENTAL PPO	Employee Only/Single
1164	TEAMSTERS	Female	2/12/1962	33074	DENTAL PPO	Employee Only/Single
1165	TEAMSTERS	Male	12/29/1941	33315	DENTAL PPO	Employee Only/Single
1166	TEAMSTERS	Female	6/26/1972	33321	DENTAL PPO	Employee Only/Single
1167	TEAMSTERS	Male	4/14/1975	33071	DENTAL PPO	Employee Only/Single
1168	TEAMSTERS	Female	1/13/1944	33351	DENTAL PPO	Employee Only/Single
1169	TEAMSTERS	Female	2/28/1965	33311	DENTAL PPO	Employee Only/Single
1170	TEAMSTERS	Male	4/18/1943	33317	DENTAL PPO	Employee Only/Single
1171	TEAMSTERS	Male	3/31/1988	33309	DENTAL PPO	Employee Only/Single
1172	TEAMSTERS	Male	9/6/1970	33311	DENTAL PPO	Employee Only/Single
1173	TEAMSTERS	Male	3/13/1974	33065	DENTAL PPO	Employee Only/Single
1174	TEAMSTERS	Male	9/9/1974	33073	DENTAL PPO	Employee Only/Single
1175	TEAMSTERS	Female	12/8/1974	33334	DENTAL PPO	Employee Only/Single
1176	TEAMSTERS	Male	4/3/1988	33145	DENTAL PPO	Employee Only/Single
1177	TEAMSTERS	Male	8/11/1962	33328	DENTAL PPO	Employee Only/Single
1178	TEAMSTERS	Female	3/17/1958	33179	DENTAL PPO	Employee Only/Single
1179	TEAMSTERS	Male	5/30/1968	33313	DENTAL PPO	Employee Only/Single
1180	TEAMSTERS	Female	3/2/1979	33442	DENTAL PPO	Employee Only/Single
1181	TEAMSTERS	Female	6/28/1987	33328	DENTAL PPO	Employee Only/Single
1182	TEAMSTERS	Female	8/14/1968	33325	DENTAL PPO	Employee Only/Single
1183	TEAMSTERS	Male	6/2/1972	33009	DENTAL PPO	Employee Only/Single
1184	TEAMSTERS	Female	9/10/1961	33346	DENTAL PPO	Employee Only/Single
1185	TEAMSTERS	Female	7/7/1957	33321	DENTAL PPO	Employee Only/Single
1186	TEAMSTERS	Male	9/22/1968	33311	DENTAL PPO	Employee Only/Single
1187	TEAMSTERS	Male	4/7/1968	33020	DENTAL PPO	Employee Only/Single
1188	TEAMSTERS	Male	8/27/1961	33313	DENTAL PPO	Employee Only/Single
1189	TEAMSTERS	Male	8/5/1982	33311	DENTAL PPO	Employee Only/Single
1190	TEAMSTERS	Female	12/2/1959	33314	DENTAL PPO	Employee Only/Single
1191	TEAMSTERS	Male	5/9/1977	33021	DENTAL PPO	Employee Only/Single
1192	TEAMSTERS	Female	9/10/1968	33324	DENTAL PPO	Employee Only/Single
1193	TEAMSTERS	Male	1/29/1982	33304	DENTAL PPO	Employee Only/Single
1194	TEAMSTERS	Male	12/2/1983	33024	DENTAL PPO	Employee Only/Single
1195	TEAMSTERS	Female	1/26/1978	34983	DENTAL PPO	Employee Only/Single
1196	TEAMSTERS	Male	5/26/1966	33064	DENTAL PPO	Employee Only/Single
1197	TEAMSTERS	Male	11/3/1956	33068	DENTAL PPO	Employee Only/Single
1198	TEAMSTERS	Female	5/18/1964	33069	DENTAL PPO	Employee Only/Single
1199	TEAMSTERS	Male	11/12/1957	33316	DENTAL PPO	Employee Only/Single
1200	TEAMSTERS	Male	2/9/1989	33309	DENTAL PPO	Employee Only/Single
1201	TEAMSTERS	Male	11/28/1954	33312	DENTAL PPO	Employee Only/Single
1202	TEAMSTERS	Male	8/12/1975	33309	DENTAL PPO	Employee Only/Single
1203	TEAMSTERS	Female	12/17/1978	33311	DENTAL PPO	Employee Only/Single
1204	TEAMSTERS	Female	9/27/1962	33311	DENTAL PPO	Employee Only/Single
1205	TEAMSTERS	Male	10/29/1955	33311	DENTAL PPO	Employee Only/Single
1206	TEAMSTERS	Female	4/11/1963	33321	DENTAL PPO	Employee Only/Single
1207	TEAMSTERS	Female	11/29/1984	33324	DENTAL PPO	Employee Only/Single

1	IAFF	Male	2/25/1968	33178	DENTAL FIRE	Employee & Children
2	IAFF	Male	7/3/1956	33169	DENTAL FIRE	Employee & Children
3	IAFF	Male	1/7/1960	33311	DENTAL FIRE	Employee & Children
1208	TEAMSTERS	Male	4/4/1991	33023	DENTAL PPO	Employee Only/Single
1209	TEAMSTERS	Male	10/23/1953	33009	DENTAL PPO	Employee Only/Single
1210	TEAMSTERS	Male	9/26/1960	33312	DENTAL PPO	Employee Only/Single
1211	TEAMSTERS	Male	1/10/1973	33068	DENTAL PPO	Employee Only/Single
1212	TEAMSTERS	Female	2/15/1956	33020	DENTAL PPO	Employee Only/Single
1213	TEAMSTERS	Female	4/11/1967	33315	DENTAL PPO	Employee Only/Single
1214	TEAMSTERS	Male	10/6/1969	33065	DENTAL PPO	Employee Only/Single
1215	TEAMSTERS	Male	5/23/1966	33313	DENTAL PPO	Employee Only/Single
1216	TEAMSTERS	Male	1/11/1963	33023	DENTAL PPO	Employee Only/Single
1217	TEAMSTERS	Female	12/21/1957	33334	DENTAL PPO	Employee Only/Single
1218	TEAMSTERS	Male	8/16/1968	33351	DENTAL PPO	Employee Only/Single
1219	TEAMSTERS	Male	11/6/1960	33311	DENTAL PPO	Employee Only/Single
1220	TEAMSTERS	Male	5/6/1981	33312	DENTAL PPO	Employee Only/Single
1221	TEAMSTERS	Male	2/8/1963	33315	DENTAL PPO	Employee Only/Single
1222	TEAMSTERS	Female	5/5/1948	33309	DENTAL PPO	Employee Only/Single
1223	TEAMSTERS	Male	10/29/1978	33069	DENTAL PPO	Employee Only/Single
1224	TEAMSTERS	Female	10/24/1957	33322-2547	DENTAL PPO	Employee Only/Single
1225	TEAMSTERS	Male	12/3/1955	33311	DENTAL PPO	Employee Only/Single
1226	TEAMSTERS	Male	6/30/1983	33312	DENTAL PPO	Employee Only/Single
1227	TEAMSTERS	Female	10/28/1963	33306	DENTAL PPO	Employee Only/Single
1228	TEAMSTERS	Male	3/12/1970	33313	DENTAL PPO	Employee Only/Single
1229	TEAMSTERS	Male	6/21/1972	33324	DENTAL PPO	Employee Only/Single
1230	TEAMSTERS	Male	1/7/1965	33309	DENTAL PPO	Employee Only/Single
1231	TEAMSTERS	Male	4/9/1958	33316	DENTAL PPO	Employee Only/Single
1232	TEAMSTERS	Female	1/13/1995	33317	DENTAL PPO	Employee Only/Single
1233	TEAMSTERS	Female	3/15/1983	33313	DENTAL PPO	Employee Only/Single
1234	TEAMSTERS	Male	9/12/1991	33311	DENTAL PPO	Employee Only/Single
1235	TEAMSTERS	Female	2/18/1970	33060	DENTAL PPO	Employee Only/Single
1236	TEAMSTERS	Female	3/19/1948	33482	DENTAL PPO	Employee Only/Single
1237	TEAMSTERS	Female	8/30/1988	33317	DENTAL PPO	Employee Only/Single
1238	TEAMSTERS	Male	9/24/1971	33309	DENTAL PPO	Employee Only/Single
1239	TEAMSTERS	Male	12/27/1961	33311	DENTAL PPO	Employee Only/Single
1240	TEAMSTERS	Female	3/23/1941	33160	DENTAL PPO	Employee Only/Single
1241	TEAMSTERS	Male	11/1/1954	33315	DENTAL PPO	Employee Only/Single
1242	TEAMSTERS	Female	1/3/1968	33311	DENTAL PPO	Employee Only/Single
1243	TEAMSTERS	Male	4/14/1969	33311	DENTAL PPO	Employee Only/Single
1244	TEAMSTERS	Male	3/4/1977	33311	DENTAL PPO	Employee Only/Single
1245	TEAMSTERS	Male	11/8/1954	33319	DENTAL PPO	Employee Only/Single
1246	TEAMSTERS	Male	5/26/1955	33313	DENTAL PPO	Employee Only/Single
1247	TEAMSTERS	Male	1/31/1966	33312	DENTAL PPO	Employee Only/Single
1248	TEAMSTERS	Male	1/30/1955	33024	DENTAL PPO	Employee Only/Single
1249	TEAMSTERS	Male	7/16/1961	33028	DENTAL PPO	Employee Only/Single
1250	TEAMSTERS	Male	11/24/1965	33313	DENTAL PPO	Employee Only/Single
1251	TEAMSTERS	Female	9/10/1967	33321	DENTAL PPO	Employee Only/Single
1252	TEAMSTERS	Male	7/22/1971	33325	DENTAL PPO	Employee Only/Single
1253	TEAMSTERS	Male	1/12/1985	33311	DENTAL PPO	Employee Only/Single
1254	TEAMSTERS	Male	5/26/1951	33064	DENTAL PPO	Employee Only/Single
1255	TEAMSTERS	Male	12/22/1952	33313	DENTAL PPO	Employee Only/Single
1256	TEAMSTERS	Female	2/13/1972	33309	DENTAL PPO	Employee Only/Single
1257	TEAMSTERS	Female	6/27/1966	33314	DENTAL PPO	Employee Only/Single
1258	TEAMSTERS	Female	6/19/1989	33312	DENTAL PPO	Employee Only/Single
1259	TEAMSTERS	Female	10/15/1952	33311-5957	DENTAL PPO	Employee Only/Single
1260	TEAMSTERS	Male	5/28/1986	33076	DENTAL PPO	Employee Only/Single
1261	TEAMSTERS	Male	3/9/1959	33311	DENTAL PPO	Employee Only/Single
1262	TEAMSTERS	Male	10/14/1964	33306	DENTAL PPO	Employee Only/Single
1263	TEAMSTERS	Male	11/20/1987	33311	DENTAL PPO	Employee Only/Single
1264	TEAMSTERS	Male	11/1/1978	33068	DENTAL PPO	Employee Only/Single
1265	TEAMSTERS	Female	10/25/1979	33069	DENTAL PPO	Employee Only/Single
1266	TEAMSTERS	Male	9/6/1984	33309	DENTAL PPO	Employee Only/Single
1267	TEAMSTERS	Female	8/9/1985	33071	DENTAL PPO	Employee Only/Single
1268	TEAMSTERS	Male	9/15/1963	33322	DENTAL PPO	Employee Only/Single
1269	TEAMSTERS	Male	5/31/1982	33313	DENTAL PPO	Employee Only/Single
1270	TEAMSTERS	Female	5/11/1987	33304	DENTAL PPO	Employee Only/Single

1 IAFF	Male	2/25/1968	33178	DENTAL FIRE	Employee & Children
2 IAFF	Male	7/3/1956	33169	DENTAL FIRE	Employee & Children
3 IAFF	Male	1/7/1960	33311	DENTAL FIRE	Employee & Children
1271 TEAMSTERS	Male	11/1/1978	33313	DENTAL PPO	Employee Only/Single
1272 TEAMSTERS	Male	11/13/1961	33023	DENTAL PPO	Employee Only/Single
1273 TEAMSTERS	Male	7/26/1964	33024	DENTAL PPO	Employee Only/Single
1274 TEAMSTERS	Male	5/1/1960	33304	DENTAL PPO	Employee Only/Single
1275 TEAMSTERS	Male	3/26/1959	33309	DENTAL PPO	Employee Only/Single
1276 TEAMSTERS	Female	7/26/1956	33067	DENTAL PPO	Employee Only/Single
1277 TEAMSTERS	Male	5/30/1985	33311	DENTAL PPO	Employee Only/Single
1278 TEAMSTERS	Male	1/31/1965	33021	DENTAL PPO	Employee Only/Single
1279 TEAMSTERS	Female	12/19/1979	33312	DENTAL PPO	Employee Only/Single
1280 TEAMSTERS	Male	9/16/1963	33442	DENTAL PPO	Employee Only/Single
1281 TEAMSTERS	Male	3/6/1955	33063	DENTAL PPO	Employee Only/Single
1282 TEAMSTERS	Male	4/2/1958	33351	DENTAL PPO	Employee Only/Single
1283 TEAMSTERS	Female	1/9/1964	33322	DENTAL PPO	Employee Only/Single
1284 TEAMSTERS	Male	12/15/1969	33311-3614	DENTAL PPO	Employee Only/Single
1285 TEAMSTERS	Male	9/1/1985	33069	DENTAL PPO	Employee Only/Single
1286 TEAMSTERS	Male	7/16/1988	33441	DENTAL PPO	Employee Only/Single
1287 TEAMSTERS	Male	2/26/1951	33069	DENTAL PPO	Employee Only/Single
1288 TEAMSTERS	Male	10/20/1958	33062	DENTAL PPO	Employee Only/Single
1289 TEAMSTERS	Female	12/27/1960	33313	DENTAL PPO	Employee Only/Single
1290 TEAMSTERS	Male	7/6/1979	33315	DENTAL PPO	Employee Only/Single
1291 TEAMSTERS	Female	12/28/1953	33063	DENTAL PPO	Employee Only/Single
1292 TEAMSTERS	Male	9/25/1967	33315	DENTAL PPO	Employee Only/Single
1293 TEAMSTERS	Male	4/3/1958	33322	DENTAL PPO	Employee Only/Single
1294 TEAMSTERS	Male	5/16/1985	33324	DENTAL PPO	Employee Only/Single
1295 TEAMSTERS	Male	8/15/1968	33009	DENTAL PPO	Employee Only/Single
1296 TEAMSTERS	Female	11/19/1991	33025	DENTAL PPO	Employee Only/Single
1297 TEAMSTERS	Male	12/12/1987	33319	DENTAL PPO	Employee Only/Single
1298 TEAMSTERS	Male	10/23/1954	33319	DENTAL PPO	Employee Only/Single
1299 TEAMSTERS	Male	1/12/1983	33319	DENTAL PPO	Employee Only/Single
1300 TEAMSTERS	Male	10/28/1981	33060	DENTAL PPO	Employee Only/Single
1301 TEAMSTERS	Female	5/28/1991	33065	DENTAL PPO	Employee Only/Single
1302 TEAMSTERS	Female	10/8/1962	33062	DENTAL PPO	Employee Only/Single
1303 TEAMSTERS	Male	8/22/1960	33311	DENTAL PPO	Employee Only/Single
1304 TEAMSTERS	Female	8/19/1997	33311	DENTAL PPO	Employee Only/Single
1305 TEAMSTERS	Female	6/1/1950	33311	DENTAL PPO	Employee Only/Single
1306 TEAMSTERS	Female	11/20/1991	33311	DENTAL PPO	Employee Only/Single
1307 CONFIDENTIAL	Female	7/14/1980	33067	DENTAL PPO	Family
1308 CONFIDENTIAL	Female	7/1/1980	33328	DENTAL PPO	Family
1309 CONFIDENTIAL	Female	2/11/1970	33312	DENTAL PPO	Family
1310 CONFIDENTIAL	Female	6/9/1984	33023	DENTAL PPO	Family
1311 FED-PROF	Female	4/8/1963	33325	DENTAL PPO	Family
1312 FED-PROF	Male	2/17/1977	33027	DENTAL PPO	Family
1313 FED-PROF	Female	5/7/1977	33076	DENTAL PPO	Family
1314 FED-PROF	Female	5/4/1965	33066	DENTAL PPO	Family
1315 FED-PROF	Female	10/6/1969	33065	DENTAL PPO	Family
1316 FED-PROF	Male	6/27/1985	33311	DENTAL PPO	Family
1317 FED-PROF	Female	2/16/1958	33334	DENTAL PPO	Family
1318 FED-PROF	Female	11/2/1957	33076	DENTAL PPO	Family
1319 FED-PROF	Female	12/4/1973	33029	DENTAL PPO	Family
1320 FED-PROF	Male	9/15/1955	33023	DENTAL PPO	Family
1321 FED-PROF	Male	10/4/1962	33424	DENTAL PPO	Family
1322 FED-PROF	Male	4/5/1972	33463	DENTAL PPO	Family
1323 FED-PROF	Female	12/14/1972	33063	DENTAL PPO	Family
1324 FED-PROF	Female	3/13/1977	33312	DENTAL PPO	Family
1325 FED-PROF	Male	11/11/1955	33312	DENTAL PPO	Family
1326 FED-PROF	Female	12/13/1990	33321	DENTAL PPO	Family
1327 FED-PROF	Female	3/25/1974	33406	DENTAL PPO	Family
1328 FED-PROF	Female	8/18/1968	33141	DENTAL PPO	Family
1329 FED-PROF	Male	4/7/1976	33433	DENTAL PPO	Family
1330 FED-PROF	Male	12/24/1973	33325	DENTAL PPO	Family
1331 FED-PROF	Female	11/6/1968	33065	DENTAL PPO	Family
1332 FED-PROF	Male	6/18/1962	33025	DENTAL PPO	Family
1333 FED-PROF	Female	3/7/1963	33326	DENTAL PPO	Family
1334 FED-PROF	Female	9/13/1968	33317	DENTAL PPO	Family

1	IAFF	Male	2/25/1968	33178	DENTAL FIRE	Employee & Children
2	IAFF	Male	7/3/1956	33169	DENTAL FIRE	Employee & Children
3	IAFF	Male	1/7/1960	33311	DENTAL FIRE	Employee & Children
1335	FED-PROF	Male	10/14/1965	33304	DENTAL PPO	Family
1336	FED-PROF	Female	5/13/1968	33312	DENTAL PPO	Family
1337	FED-PROF	Male	5/20/1977	33025	DENTAL PPO	Family
1338	FED-PROF	Male	1/16/1963	33428	DENTAL PPO	Family
1339	FED-PROF	Male	2/20/1967	33020	DENTAL PPO	Family
1340	FED-PROF	Male	10/4/1967	33301-2960	DENTAL PPO	Family
1341	FED-PROF	Male	5/21/1989	33428	DENTAL PPO	Family
1342	FED-PROF	Female	5/12/1964	33066	DENTAL PPO	Family
1343	FED-PROF	Male	6/1/1961	33185	DENTAL PPO	Family
1344	FED-PROF	Female	11/9/1969	33308	DENTAL PPO	Family
1345	FED-PROF	Female	1/5/1972	33063	DENTAL PPO	Family
1346	FED-PROF	Female	5/29/1962	33312	DENTAL PPO	Family
1347	FED-PROF	Female	7/25/1981	33019	DENTAL PPO	Family
1348	FED-PROF	Male	7/16/1968	33027	DENTAL PPO	Family
1349	FED-PROF	Male	5/2/1970	33060	DENTAL PPO	Family
1350	FED-PROF	Male	6/16/1963	33328	DENTAL PPO	Family
1351	FED-PROF	Female	11/25/1963	33067	DENTAL PPO	Family
1352	FED-PROF	Female	11/12/1971	33322	DENTAL PPO	Family
1353	FED-PROF	Female	4/18/1992	33301	DENTAL PPO	Family
1354	FED-PROF	Female	12/11/1981	33351	DENTAL PPO	Family
1355	FED-PROF	Male	9/23/1966	33334	DENTAL PPO	Family
1356	FED-PROF	Female	11/2/1976	33312	DENTAL PPO	Family
1357	FED-PROF	Female	3/13/1964	33334	DENTAL PPO	Family
1358	FED-PROF	Female	7/4/1966	33324	DENTAL PPO	Family
1359	FED-PROF	Female	10/24/1982	33322	DENTAL PPO	Family
1360	FED-PROF	Male	10/12/1964	33028	DENTAL PPO	Family
1361	FED-PROF	Male	4/24/1966	33309	DENTAL PPO	Family
1362	FED-PROF	Male	9/23/1969	33317	DENTAL PPO	Family
1363	FED-PROF	Male	2/3/1953	33312	DENTAL PPO	Family
1364	FED-SUPV	Male	9/2/1966	33068	DENTAL PPO	Family
1365	FED-SUPV	Male	9/21/1967	33334	DENTAL PPO	Family
1366	FED-SUPV	Male	8/16/1962	33484	DENTAL PPO	Family
1367	FED-SUPV	Male	10/28/1974	33024	DENTAL PPO	Family
1368	FED-SUPV	Male	7/24/1965	33317	DENTAL PPO	Family
1369	FED-SUPV	Male	5/7/1971	33428	DENTAL PPO	Family
1370	FED-SUPV	Male	11/27/1970	33064	DENTAL PPO	Family
1371	FED-SUPV	Male	1/21/1963	33321	DENTAL PPO	Family
1372	FED-SUPV	Male	1/7/1980	33062	DENTAL PPO	Family
1373	FED-SUPV	Male	12/14/1964	33470	DENTAL PPO	Family
1374	FED-SUPV	Male	10/17/1949	33021	DENTAL PPO	Family
1375	FED-SUPV	Male	3/19/1958	33325	DENTAL PPO	Family
1376	FED-SUPV	Male	9/8/1963	33314	DENTAL PPO	Family
1377	FED-SUPV	Male	10/12/1971	33308	DENTAL PPO	Family
1378	FED-SUPV	Male	3/24/1971	33334	DENTAL PPO	Family
1379	FED-SUPV	Male	4/26/1972	33060	DENTAL PPO	Family
1380	FED-SUPV	Male	1/27/1977	33317	DENTAL PPO	Family
1381	FED-SUPV	Male	10/19/1973	33027	DENTAL PPO	Family
1382	FED-SUPV	Female	12/9/1968	33312	DENTAL PPO	Family
1383	FED-SUPV	Female	12/7/1961	33027	DENTAL PPO	Family
1384	FED-SUPV	Male	7/1/1968	33325	DENTAL PPO	Family
1385	FED-SUPV	Female	3/31/1972	33328	DENTAL PPO	Family
1386	FED-SUPV	Male	9/19/1963	33062	DENTAL PPO	Family
1387	FED-SUPV	Male	8/18/1965	33325	DENTAL PPO	Family
1388	FED-SUPV	Male	5/27/1978	33325	DENTAL PPO	Family
1389	FED-SUPV	Male	4/14/1982	33311	DENTAL PPO	Family
1390	FED-SUPV	Male	8/2/1982	33311	DENTAL PPO	Family
1391	FED-SUPV	Male	1/30/1972	33428	DENTAL PPO	Family
1392	FED-SUPV	Male	3/1/1966	33076	DENTAL PPO	Family
1393	FED-SUPV	Female	3/18/1976	33067	DENTAL PPO	Family
1394	FED-SUPV	Male	5/26/1964	33331	DENTAL PPO	Family
1395	FED-SUPV	Male	1/26/1969	33312	DENTAL PPO	Family
1396	FED-SUPV	Female	9/12/1969	33067	DENTAL PPO	Family
1397	MANAGEMENT	Male	2/1/1959	33324	DENTAL PPO	Family
1398	MANAGEMENT	Male	9/30/1965	33405	DENTAL PPO	Family

1	IAFF	Male	2/25/1968	33178	DENTAL FIRE	Employee & Children
2	IAFF	Male	7/3/1956	33169	DENTAL FIRE	Employee & Children
3	IAFF	Male	1/7/1960	33311	DENTAL FIRE	Employee & Children
1399	MANAGEMENT	Female	2/22/1964	33322	DENTAL PPO	Family
1400	MANAGEMENT	Male	12/24/1965	33311	DENTAL PPO	Family
1401	MANAGEMENT	Male	5/14/1972	33065	DENTAL PPO	Family
1402	MANAGEMENT	Male	4/20/1969	33021	DENTAL PPO	Family
1403	MANAGEMENT	Female	9/12/1967	33311	DENTAL PPO	Family
1404	MANAGEMENT	Male	10/11/1968	33351	DENTAL PPO	Family
1405	MANAGEMENT	Male	7/22/1966	33327	DENTAL PPO	Family
1406	MANAGEMENT	Female	7/19/1967	33029	DENTAL PPO	Family
1407	MANAGEMENT	Male	12/1/1966	33331	DENTAL PPO	Family
1408	MANAGEMENT	Female	10/26/1962	33304	DENTAL PPO	Family
1409	MANAGEMENT	Male	7/30/1973	33436	DENTAL PPO	Family
1410	MANAGEMENT	Female	2/17/1966	33304	DENTAL PPO	Family
1411	MANAGEMENT	Male	10/5/1967	33328	DENTAL PPO	Family
1412	MANAGEMENT	Female	10/11/1978	33065	DENTAL PPO	Family
1413	MANAGEMENT	Male	5/4/1980	33467	DENTAL PPO	Family
1414	MANAGEMENT	Male	3/5/1960	33414	DENTAL PPO	Family
1415	MANAGEMENT	Male	1/7/1963	33331	DENTAL PPO	Family
1416	MANAGEMENT	Male	3/13/1965	33323	DENTAL PPO	Family
1417	MANAGEMENT	Male	12/22/1989	33309	DENTAL PPO	Family
1418	MANAGEMENT	Male	6/27/1962	33305	DENTAL PPO	Family
1419	MANAGEMENT	Male	8/3/1973	33067	DENTAL PPO	Family
1420	MANAGEMENT	Male	4/27/1966	33178	DENTAL PPO	Family
1421	MANAGEMENT	Male	10/28/1973	33071	DENTAL PPO	Family
1422	MANAGEMENT	Male	12/3/1960	33071	DENTAL PPO	Family
1423	MANAGEMENT	Female	11/30/1964	33330	DENTAL PPO	Family
1424	MANAGEMENT	Male	8/1/1972	33330	DENTAL PPO	Family
1425	MANAGEMENT	Male	10/24/1971	33351	DENTAL PPO	Family
1426	MANAGEMENT	Male	9/5/1957	33445	DENTAL PPO	Family
1427	MANAGEMENT	Male	10/13/1964	33437	DENTAL PPO	Family
1428	MANAGEMENT	Male	8/2/1969	33351	DENTAL PPO	Family
1429	MANAGEMENT	Male	3/9/1957	33317	DENTAL PPO	Family
1430	MANAGEMENT	Female	4/11/1974	33331	DENTAL PPO	Family
1431	MANAGEMENT	Male	11/3/1962	33308-1034	DENTAL PPO	Family
1432	MANAGEMENT	Female	10/6/1964	33312	DENTAL PPO	Family
1433	MANAGEMENT	Female	4/30/1965	33141	DENTAL PPO	Family
1434	MANAGEMENT	Male	10/21/1973	33161	DENTAL PPO	Family
1435	MANAGEMENT	Male	12/1/1974	33304	DENTAL PPO	Family
1436	MANAGEMENT	Female	6/7/1961	33067	DENTAL PPO	Family
1437	MANAGEMENT	Female	12/4/1972	33319	DENTAL PPO	Family
1438	MANAGEMENT	Male	4/6/1974	33441	DENTAL PPO	Family
1439	MANAGEMENT	Male	5/20/1968	33062	DENTAL PPO	Family
1440	MANAGEMENT	Male	8/24/1968	33322	DENTAL PPO	Family
1441	MANAGEMENT	Female	9/4/1985	33025	DENTAL PPO	Family
1442	MANAGEMENT	Female	1/1/1973	33498	DENTAL PPO	Family
1443	MANAGEMENT	Female	4/19/1976	33027	DENTAL PPO	Family
1444	MANAGEMENT	Male	6/9/1965	33027	DENTAL PPO	Family
1445	MANAGEMENT	Male	7/20/1969	33432	DENTAL PPO	Family
1446	MANAGEMENT	Female	5/3/1963	33027	DENTAL PPO	Family
1447	MANAGEMENT	Female	12/8/1970	33312	DENTAL PPO	Family
1448	MANAGEMENT	Female	9/4/1979	33062	DENTAL PPO	Family
1449	MANAGEMENT	Female	7/26/1970	33137	DENTAL PPO	Family
1450	MANAGEMENT	Male	5/22/1963	33060	DENTAL PPO	Family
1451	MANAGEMENT	Male	11/28/1967	33073	DENTAL PPO	Family
1452	MANAGEMENT	Male	6/16/1968	33315	DENTAL PPO	Family
1453	MANAGEMENT	Male	1/10/1977	33486	DENTAL PPO	Family
1454	MANAGEMENT	Male	7/27/1962	33327	DENTAL PPO	Family
1455	MANAGEMENT	Male	7/26/1975	33315	DENTAL PPO	Family
1456	MANAGEMENT	Female	10/2/1955	33328	DENTAL PPO	Family
1457	MANAGEMENT	Male	5/27/1963	33308	DENTAL PPO	Family
1458	MANAGEMENT	Male	3/6/1977	33472	DENTAL PPO	Family
1459	MANAGEMENT	Female	3/17/1975	33309	DENTAL PPO	Family
1460	MANAGEMENT	Male	6/16/1988	33441	DENTAL PPO	Family
1461	MANAGEMENT	Male	5/31/1982	33021	DENTAL PPO	Family

1	IAFF	Male	2/25/1968	33178	DENTAL FIRE	Employee & Children
2	IAFF	Male	7/3/1956	33169	DENTAL FIRE	Employee & Children
3	IAFF	Male	1/7/1960	33311	DENTAL FIRE	Employee & Children
1462	MANAGEMENT	Male	12/4/1962	33319	DENTAL PPO	Family
1463	MANAGEMENT	Male	3/11/1970	33467	DENTAL PPO	Family
1464	MANAGEMENT	Male	2/6/1964	33073	DENTAL PPO	Family
1465	MANAGEMENT	Male	2/11/1961	33067	DENTAL PPO	Family
1466	MANAGEMENT	Male	6/2/1978	33483	DENTAL PPO	Family
1467	MANAGEMENT	Female	5/4/1967	33063	DENTAL PPO	Family
1468	MANAGEMENT	Female	12/4/1973	33308	DENTAL PPO	Family
1469	MANAGEMENT	Female	2/5/1974	33305	DENTAL PPO	Family
1470	MANAGEMENT	Female	12/27/1967	33334	DENTAL PPO	Family
1471	MANAGEMENT	Female	4/12/1970	33023	DENTAL PPO	Family
1472	MANAGEMENT	Male	5/12/1972	33028-1642	DENTAL PPO	Family
1473	TEAMSTERS	Female	7/26/1962	33028	DENTAL PPO	Family
1474	TEAMSTERS	Male	6/11/1967	33025	DENTAL PPO	Family
1475	TEAMSTERS	Male	10/18/1962	33021	DENTAL PPO	Family
1476	TEAMSTERS	Male	3/7/1972	33328	DENTAL PPO	Family
1477	TEAMSTERS	Male	3/8/1981	33311	DENTAL PPO	Family
1478	TEAMSTERS	Male	12/15/1986	33311	DENTAL PPO	Family
1479	TEAMSTERS	Male	9/6/1976	33311	DENTAL PPO	Family
1480	TEAMSTERS	Male	8/5/1963	33068	DENTAL PPO	Family
1481	TEAMSTERS	Male	12/24/1954	33321	DENTAL PPO	Family
1482	TEAMSTERS	Male	1/5/1957	33334	DENTAL PPO	Family
1483	TEAMSTERS	Male	1/25/1965	33334	DENTAL PPO	Family
1484	TEAMSTERS	Male	8/19/1959	33309	DENTAL PPO	Family
1485	TEAMSTERS	Male	9/16/1971	33319	DENTAL PPO	Family
1486	TEAMSTERS	Male	10/5/1981	33312	DENTAL PPO	Family
1487	TEAMSTERS	Female	5/13/1978	33023	DENTAL PPO	Family
1488	TEAMSTERS	Female	12/16/1969	33312	DENTAL PPO	Family
1489	TEAMSTERS	Male	6/9/1953	33071	DENTAL PPO	Family
1490	TEAMSTERS	Male	5/23/1968	33026	DENTAL PPO	Family
1491	TEAMSTERS	Male	3/4/1957	33325	DENTAL PPO	Family
1492	TEAMSTERS	Male	3/4/1952	33065	DENTAL PPO	Family
1493	TEAMSTERS	Male	4/9/1963	33323	DENTAL PPO	Family
1494	TEAMSTERS	Male	8/24/1987	33328	DENTAL PPO	Family
1495	TEAMSTERS	Female	5/24/1972	33311	DENTAL PPO	Family
1496	TEAMSTERS	Female	1/18/1966	33025	DENTAL PPO	Family
1497	TEAMSTERS	Male	11/5/1965	33309	DENTAL PPO	Family
1498	TEAMSTERS	Female	3/19/1984	33027	DENTAL PPO	Family
1499	TEAMSTERS	Male	11/7/1957	33021	DENTAL PPO	Family
1500	TEAMSTERS	Female	3/4/1963	33319	DENTAL PPO	Family
1501	TEAMSTERS	Male	4/13/1973	33064	DENTAL PPO	Family
1502	TEAMSTERS	Male	2/27/1971	33160	DENTAL PPO	Family
1503	TEAMSTERS	Female	7/1/1976	33317	DENTAL PPO	Family
1504	TEAMSTERS	Male	8/7/1971	33321	DENTAL PPO	Family
1505	TEAMSTERS	Female	11/4/1971	33309	DENTAL PPO	Family
1506	TEAMSTERS	Male	5/1/1967	33319	DENTAL PPO	Family
1507	TEAMSTERS	Male	1/15/1983	33311	DENTAL PPO	Family
1508	TEAMSTERS	Male	12/1/1964	33317	DENTAL PPO	Family
1509	TEAMSTERS	Male	10/12/1963	33309	DENTAL PPO	Family
1510	TEAMSTERS	Male	2/15/1963	33321	DENTAL PPO	Family
1511	TEAMSTERS	Male	4/10/1977	33069	DENTAL PPO	Family
1512	TEAMSTERS	Male	4/29/1966	33063	DENTAL PPO	Family
1513	TEAMSTERS	Male	2/1/1970	33311	DENTAL PPO	Family
1514	TEAMSTERS	Male	1/20/1965	33314	DENTAL PPO	Family
1515	TEAMSTERS	Male	11/1/1977	33313	DENTAL PPO	Family
1516	TEAMSTERS	Male	6/8/1965	33312	DENTAL PPO	Family
1517	TEAMSTERS	Male	11/28/1967	33323	DENTAL PPO	Family
1518	TEAMSTERS	Male	1/4/1962	33312	DENTAL PPO	Family
1519	TEAMSTERS	Male	1/10/1965	33311	DENTAL PPO	Family
1520	TEAMSTERS	Male	11/19/1963	33311	DENTAL PPO	Family
1521	TEAMSTERS	Female	1/14/1974	33313	DENTAL PPO	Family
1522	TEAMSTERS	Male	12/2/1967	33064	DENTAL PPO	Family
1523	TEAMSTERS	Male	10/29/1967	33334	DENTAL PPO	Family
1524	TEAMSTERS	Male	11/30/1959	33311	DENTAL PPO	Family
1525	TEAMSTERS	Male	3/25/1959	33068	DENTAL PPO	Family

1	IAFF	Male	2/25/1968	33178	DENTAL FIRE Employee & Children
2	IAFF	Male	7/3/1956	33169	DENTAL FIRE Employee & Children
3	IAFF	Male	1/7/1960	33311	DENTAL FIRE Employee & Children
1526	TEAMSTERS	Male	6/8/1977	33315	DENTAL PPO Family
1527	TEAMSTERS	Male	11/10/1976	33428	DENTAL PPO Family
1528	TEAMSTERS	Male	6/26/1963	33071	DENTAL PPO Family
1529	TEAMSTERS	Male	4/3/1966	33028	DENTAL PPO Family
1530	TEAMSTERS	Female	5/21/1964	33021	DENTAL PPO Family
1531	TEAMSTERS	Female	12/31/1979	33023	DENTAL PPO Family
1532	TEAMSTERS	Male	11/30/1964	33309	DENTAL PPO Family
1533	TEAMSTERS	Male	8/31/1957	33162	DENTAL PPO Family
1534	TEAMSTERS	Male	6/24/1981	33054	DENTAL PPO Family
1535	TEAMSTERS	Male	9/18/1962	33311	DENTAL PPO Family
1536	TEAMSTERS	Male	11/17/1967	33308	DENTAL PPO Family
1537	TEAMSTERS	Female	10/7/1967	33065	DENTAL PPO Family
1538	TEAMSTERS	Female	7/11/1969	33312	DENTAL PPO Family
1539	TEAMSTERS	Male	2/5/1968	33312	DENTAL PPO Family
1540	TEAMSTERS	Male	6/22/1964	33073	DENTAL PPO Family
1541	TEAMSTERS	Male	1/29/1976	33321	DENTAL PPO Family
1542	TEAMSTERS	Male	1/26/1961	33351	DENTAL PPO Family
1543	TEAMSTERS	Male	1/6/1964	33309	DENTAL PPO Family
1544	TEAMSTERS	Male	12/27/1979	33068	DENTAL PPO Family
1545	TEAMSTERS	Male	7/18/1975	33312	DENTAL PPO Family
1546	TEAMSTERS	Male	3/12/1962	33441	DENTAL PPO Family
1547	TEAMSTERS	Male	5/12/1944	33308	DENTAL PPO Family
1548	TEAMSTERS	Male	11/10/1978	33311	DENTAL PPO Family
1549	TEAMSTERS	Male	2/11/1980	33064	DENTAL PPO Family
1550	TEAMSTERS	Male	9/15/1978	33321	DENTAL PPO Family
1551	TEAMSTERS	Male	1/2/1967	33314	DENTAL PPO Family
1552	TEAMSTERS	Male	10/16/1967	33023	DENTAL PPO Family
1553	TEAMSTERS	Female	11/20/1965	33313	DENTAL PPO Family
1554	TEAMSTERS	Female	3/13/1968	33317	DENTAL PPO Family
1555	TEAMSTERS	Male	7/21/1958	33311	DENTAL PPO Family
1556	TEAMSTERS	Male	6/26/1958	33023	DENTAL PPO Family
1557	TEAMSTERS	Male	6/8/1965	34953	DENTAL PPO Family
1558	TEAMSTERS	Female	8/9/1983	33435	DENTAL PPO Family
1559	TEAMSTERS	Male	3/15/1979	33311	DENTAL PPO Family
1560	TEAMSTERS	Male	10/6/1971	33311	DENTAL PPO Family
1561	TEAMSTERS	Female	5/20/1965	33311	DENTAL PPO Family
1562	TEAMSTERS	Male	8/22/1972	33068	DENTAL PPO Family
1563	TEAMSTERS	Male	1/17/1985	33311	DENTAL PPO Family
1564	TEAMSTERS	Male	6/7/1983	33063	DENTAL PPO Family
1565	TEAMSTERS	Male	4/7/1970	33498	DENTAL PPO Family
1566	TEAMSTERS	Male	11/24/1982	33309	DENTAL PPO Family
1567	TEAMSTERS	Male	10/21/1976	33309	DENTAL PPO Family
1568	CAPTAINS	Male	11/11/1962	33470	
1569	CAPTAINS	Male	9/7/1961	33325	
1570	CAPTAINS	Male	5/11/1977	33065	
1571	CAPTAINS	Male	10/18/1957	33351	
1572	CAPTAINS	Male	7/1/1972	33067	
1573	CAPTAINS	Male	4/30/1960	33312	
1574	CAPTAINS	Female	10/28/1980	33325	
1575	CAPTAINS	Male	8/19/1968	33317	
1576	CAPTAINS	Male	12/29/1975	33076	
1577	CAPTAINS	Male	12/28/1972	33324	
1578	CAPTAINS	Female	7/27/1970	33332	
1579	CAPTAINS	Male	7/6/1969	33487	
1580	CAPTAINS	Male	7/22/1980	33414	
1581	CAPTAINS	Male	9/10/1973	33305	
1582	CAPTAINS	Male	12/6/1979	33029	
1583	CAPTAINS	Male	12/11/1979	33068	
1584	CAPTAINS	Male	7/11/1972	33061	
1585	CAPTAINS	Male	1/10/1973	33328	
1586	CAPTAINS	Male	9/26/1955	33309	
1587	CAPTAINS	Male	8/27/1971	33487	
1588	CONFIDENTIAL	Female	9/2/1973	33324	

1	IAFF	Male	2/25/1968	33178	DENTAL FIRE Employee & Children
2	IAFF	Male	7/3/1956	33169	DENTAL FIRE Employee & Children
3	IAFF	Male	1/7/1960	33311	DENTAL FIRE Employee & Children
1589	CONFIDENTIAL	Female	11/26/1952	33025	
1590	CONFIDENTIAL	Female	7/18/1989	33327	
1591	CONFIDENTIAL	Female	5/1/1980	33071	
1592	CONFIDENTIAL	Female	7/31/1960	33029	
1593	CONFIDENTIAL	Female	11/27/1988	33351	
1594	FED-PROF	Male	6/15/1959	72120	
1595	FED-PROF	Female	8/1/1963	33024	
1596	FED-PROF	Male	6/2/1993	33308	
1597	FED-PROF	Male	5/20/1978	34145	
1598	FED-PROF	Male	1/6/1974	33065	
1599	FED-SUPV	Female	8/23/1979	33324	
1600	FED-SUPV	Male	4/7/1962	33323	
1601	FED-SUPV	Male	8/28/1954	33312	
1602	FED-SUPV	Female	12/20/1967	33071	
1603	IAFF	Male	1/30/1972	33414	
1604	IAFF	Male	3/13/1969	32809	
1605	IAFF	Male	8/5/1972	34990	
1606	IAFF	Male	8/22/1968	33073	
1607	IAFF	Male	8/27/1970	33026	
1608	IAFF	Male	2/4/1976	33071	
1609	IAFF	Male	10/8/1973	33076	
1610	IAFF	Male	10/6/1957	33029	
1611	IAFF	Male	8/20/1992	33065	
1612	IAFF	Male	3/20/1968	33428	
1613	IAFF	Male	9/14/1979	33062	
1614	IAFF	Male	12/7/1970	33060	
1615	IAFF	Male	3/5/1965	33330	
1616	IAFF	Male	6/28/1984	33323	
1617	IAFF	Male	7/6/1992	33317	
1618	IAFF	Male	2/3/1974	33331	
1619	IAFF	Male	5/18/1982	33461	
1620	IAFF	Male	6/26/1975	33478	
1621	IAFF	Male	11/14/1984	33436	
1622	IAFF	Male	7/21/1968	33322	
1623	IAFF	Male	8/19/1985	33024	
1624	IAFF	Male	7/24/1970	33305	
1625	IAFF	Male	6/26/1984	33411	
1626	IAFF	Male	1/6/1977	33317	
1627	IAFF	Male	5/28/1981	33326	
1628	IAFF	Female	6/8/1972	33463	
1629	IAFF	Male	3/16/1966	33467	
1630	IAFF	Female	6/18/1973	33478	
1631	IAFF	Male	11/24/1984	33331	
1632	IAFF	Male	4/3/1977	33325	
1633	IAFF	Male	5/14/1978	33308	
1634	IAFF	Male	1/21/1980	33026	
1635	IAFF	Male	5/23/1995	33478	
1636	IAFF	Male	12/27/1985	33442	
1637	IAFF	Male	11/27/1980	33334	
1638	IAFF	Male	3/18/1955	33478	
1639	IAFF	Male	4/22/1970	33028	
1640	IAFF	Male	7/12/1974	33467	
1641	IAFF	Male	2/22/1984	33068	
1642	IAFF	Male	4/14/1992	33015	
1643	IAFF	Male	2/19/1966	33478	
1644	IAFF	Female	1/26/1991	33020	
1645	IAFF	Male	7/23/1985	33328	
1646	IAFF	Male	7/30/1965	33185	
1647	MANAGEMENT	Male	5/30/1958	33139	
1648	MANAGEMENT	Male	12/15/1977	33245	
1649	MANAGEMENT	Male	7/28/1971	33076	
1650	MANAGEMENT	Female	1/17/1969	33067	
1651	MANAGEMENT	Male	11/6/1974	33328	
1652	MANAGEMENT	Female	9/28/1958	33026	
1653	MANAGEMENT	Male	9/30/1966	33312	
1654	MANAGEMENT	Male	5/16/1967	33140	
1655	MANAGEMENT	Female	2/14/1992	33064	
1656	MANAGEMENT	Male	5/31/1968	33073	
1657	MANAGEMENT	Male	12/20/1970	33470	
1658	MANAGEMENT	Female	11/1/1975	33334	

1 IAFF	Male	2/25/1968	33178	DENTAL FIRE Employee & Children
2 IAFF	Male	7/3/1956	33169	DENTAL FIRE Employee & Children
3 IAFF	Male	1/7/1960	33311	DENTAL FIRE Employee & Children
1659 MANAGEMENT	Male	3/1/1948	33308	
1660 MANAGEMENT	Male	12/31/1965	33028	
1661 MANAGEMENT	Male	9/14/1948	33330	
1662 TEAMSTERS	Male	3/14/1970	33315	
1663 TEAMSTERS	Male	6/26/1977	33024	
1664 TEAMSTERS	Female	2/28/1962	33309	
1665 TEAMSTERS	Male	8/29/1953	33023	
1666 TEAMSTERS	Male	8/12/1993	33020	
1667 TEAMSTERS	Male	1/4/1956	33023	
1668 TEAMSTERS	Male	9/22/1990	33324	
1669 TEAMSTERS	Male	1/11/1994	33325	
1670 TEAMSTERS	Male	1/9/1957	33179	
1671 TEAMSTERS	Male	1/21/1981	33311	
1672 TEAMSTERS	Female	12/16/1986	33162	
1673 TEAMSTERS	Male	2/26/1977	33068	
1674 TEAMSTERS	Male	11/21/1953	33315	
1675 TEAMSTERS	Female	5/31/1965	33309	
1676 TEAMSTERS	Female	2/10/1966	33024	
1677 TEAMSTERS	Male	11/24/1970	33073	
1678 TEAMSTERS	Male	2/16/1953	33348	
1679 TEAMSTERS	Female	1/7/1961	33313	
1680 TEAMSTERS	Male	2/15/1983	33351	
1681 TEAMSTERS	Male	9/3/1966	33311	
1682 TEAMSTERS	Female	12/9/1959	33331	
1683 TEAMSTERS	Male	6/9/1982	33315	
1684 TEAMSTERS	Male	3/1/1993	33311	
1685 TEAMSTERS	Male	12/19/1987	33063	
1686 TEAMSTERS	Male	2/18/1983	33411	
1687 TEAMSTERS	Male	7/3/1985	33073	
1688 TEAMSTERS	Female	5/21/1991	33309	
1689 TEAMSTERS	Male	2/18/1971	33054	
1690 TEAMSTERS	Male	8/28/1962	33060	
1691 TEAMSTERS	Female	8/30/1968	33312	
1692 TEAMSTERS	Female	7/6/1987	33311	
1693 TEAMSTERS	Female	11/7/1952	33312	
1694 TEAMSTERS	Male	3/16/1958	33024	
1695 TEAMSTERS	Male	11/24/1990	33024	
1696 TEAMSTERS	Male	2/27/1992	33314	
1697 TEAMSTERS	Male	4/18/1972	33302-1441	
1698 TEAMSTERS	Male	12/20/1980	33064	
1699 TEAMSTERS	Male	1/3/1956	33026	
1700 TEAMSTERS	Male	11/12/1963	33018	
1701 TEAMSTERS	Male	12/29/1972	33025	
1702 TEAMSTERS	Female	2/7/1972	33073	
1703 TEAMSTERS	Male	12/5/1979	33311	
1704 TEAMSTERS	Male	11/14/1992	33311	
1705 TEAMSTERS	Male	3/30/1939	33411-6804	
1706 TEAMSTERS	Male	8/26/1961	33068	
1707 TEAMSTERS	Male	5/23/1962	33334	
1708 TEAMSTERS	Female	2/9/1977	33069	
1709 TEAMSTERS	Male	10/23/1955	33025	
1710 TEAMSTERS	Male	6/12/1988	33063	
1711 TEAMSTERS	Female	11/16/1972	33327	
1712 TEAMSTERS	Male	6/12/1946	33312	
1713 TEAMSTERS	Male	3/1/1968	33029	
1714 TEAMSTERS	Male	6/20/1961	33311	
1715 TEAMSTERS	Male	1/20/1997	33024	
1716 TEAMSTERS	Male	6/28/1963	33167	
1717 TEAMSTERS	Female	9/1/1963	33063	
1718 TEAMSTERS	Female	8/12/1957	33315	
1719 TEAMSTERS	Female	8/1/1962	33325	
1720 TEAMSTERS	Female	7/7/1971	33073	
1721 TEAMSTERS	Male	10/5/1961	33311	
1722 TEAMSTERS	Female	5/6/1977	33319	
1723 TEAMSTERS	Male	12/12/1964	33024	
1724 TEAMSTERS	Male	9/3/1991	33025	
1725 TEAMSTERS	Female	10/15/1962	33073	
1726 TEAMSTERS	Male	8/28/1970	33304	
1727 TEAMSTERS	Male	2/11/1961	33063	
1728 TEAMSTERS	Male	11/30/1962	33428	

1 IAFF	Male	2/25/1968	33178	DENTAL FIRE Employee & Children
2 IAFF	Male	7/3/1956	33169	DENTAL FIRE Employee & Children
3 IAFF	Male	1/7/1960	33311	DENTAL FIRE Employee & Children
1729 TEAMSTERS	Male	2/12/1952	33467	
1730 TEAMSTERS	Female	11/15/1984	33068	
1731 TEAMSTERS	Female	4/26/1992	33064	
1732 TEAMSTERS	Female	6/8/1934	33314	
1733 TEAMSTERS	Male	8/1/1965	33317	
1734 TEAMSTERS	Female	10/23/1986	33334	
1735 TEAMSTERS	Female	11/29/1950	33324	
1736 TEAMSTERS	Male	9/18/1961	33321	
1737 TEAMSTERS	Male	10/25/1987	33312	
1738 TEAMSTERS	Female	11/18/1953	33313	
1739 TEAMSTERS	Male	6/13/1954	33317	
1740 TEAMSTERS	Female	12/13/1962	33064	
1741 TEAMSTERS	Male	7/19/1955	33312	
1742 TEAMSTERS	Male	10/18/1967	34953	
1743 TEAMSTERS	Male	10/9/1970	33062	
1744 TEAMSTERS	Male	2/28/1986	33024	
1745 TEAMSTERS	Male	2/18/1957	33020	
1746 TEAMSTERS	Male	11/21/1978	33332	
1747 TEAMSTERS	Female	10/3/1954	33322	
1748 TEAMSTERS	Male	10/4/1953	33311	
1749 TEAMSTERS	Male	12/25/1991	33056	
1750 TEAMSTERS	Female	9/5/1965	33325	
1751 TEAMSTERS	Female	1/7/1983	33308	
1752 TEAMSTERS	Male	12/19/1994	33073	
1753 TEAMSTERS	Female	3/30/1972	33351	
1754 TEAMSTERS	Female	11/29/1963	33470	
1755 TEAMSTERS	Male	12/8/1993	33470	
1756 TEAMSTERS	Male	5/16/1958	33073	
1757 TEAMSTERS	Female	2/6/1964	34953	
1758 TEAMSTERS	Male	5/4/1935	33303	
1759 TEAMSTERS	Male	4/24/1974	33023	
1760 TEAMSTERS	Female	11/8/1967	33305	
1761 TEAMSTERS	Male	12/9/1977	33073	
1762 TEAMSTERS	Male	1/11/1969	33311	
1763 TEAMSTERS	Female	8/27/1974	33066	
1764 TEAMSTERS	Female	8/9/1955	33324	
1765 TEAMSTERS	Male	11/9/1958	33308	
1766 TEAMSTERS	Male	3/18/1960	33027	
1767 TEAMSTERS	Female	6/9/1988	33328	
1768 TEAMSTERS	Female	5/25/1995	33311	
1769 TEAMSTERS	Female	12/29/1989	33162	
1770 TEAMSTERS	Male	3/31/1973	33311	
1771 TEAMSTERS	Male	8/25/1986	33321	
1772 TEAMSTERS	Male	11/7/1952	33325	
1773 TEAMSTERS	Male	9/3/1960	33312	
1774 TEAMSTERS	Male	10/12/1973	33317	
1775 TEAMSTERS	Female	11/5/1963	33312	
1776 TEAMSTERS	Female	10/19/1957	33062	
1777 TEAMSTERS	Male	8/7/1967	33312	
1778 TEAMSTERS	Male	5/1/1975	33023	
1779 TEAMSTERS	Male	7/21/1961	33301	
1780 TEAMSTERS	Male	6/23/1959	33319	
1781 TEAMSTERS	Male	4/18/1994	33313	
1782 TEAMSTERS	Male	4/27/1989	33024	
1783 TEAMSTERS	Male	8/17/1989	33311	
1784 TEAMSTERS	Female	11/15/1951	33314	
1785 TEAMSTERS	Male	8/31/1980	33023	
1786 TEAMSTERS	Female	8/2/1974	33313	
1787 TEAMSTERS	Male	8/6/1963	33309	
1788 TEAMSTERS	Male	9/4/1964	33167	
1789 TEAMSTERS	Male	1/7/1975	33312	
1790 TEAMSTERS	Male	1/19/1944	33008-0882	
1791 TEAMSTERS	Male	3/8/1961	33314	
1792 TEAMSTERS	Male	2/25/1987	33321	
1793 TEAMSTERS	Female	3/18/1974	33324	
1794 TEAMSTERS	Male	4/29/1993	33064	
1795 TEAMSTERS	Male	11/8/1970	33023	
1796 TEAMSTERS	Male	11/22/1980	33321	
1797 TEAMSTERS	Male	6/16/1964	33351	
1798 TEAMSTERS	Male	9/30/1961	33441	

1 IAFF	Male	2/25/1968	33178	DENTAL FIRE Employee & Children
2 IAFF	Male	7/3/1956	33169	DENTAL FIRE Employee & Children
3 IAFF	Male	1/7/1960	33311	DENTAL FIRE Employee & Children
1799 TEAMSTERS	Male	1/23/1963	33069	
1800 TEAMSTERS	Female	5/28/1961	33021	
1801 TEAMSTERS	Male	8/24/1972	33323	
1802 TEAMSTERS	Male	5/13/1965	33431	
1803 TEAMSTERS	Male	4/11/1954	33004	
1804 TEAMSTERS	Male	11/12/1976	33060	
1805 TEAMSTERS	Male	8/10/1962	33312	
1806 TEAMSTERS	Male	6/22/1967	33021	
1807 TEAMSTERS	Female	9/27/1955	33302	
1808 TEAMSTERS	Female	1/20/1959	33328	
1809 TEAMSTERS	Male	7/10/1961	33069	
1810 TEAMSTERS	Female	2/13/1973	33463	
1811 TEAMSTERS	Male	1/17/1956	33023	
1812 TEAMSTERS	Female	10/2/1965	33024	
1813 TEAMSTERS	Male	3/26/1978	33067	
1814 TEAMSTERS	Male	12/30/1954	33311	
1815 TEAMSTERS	Male	10/6/1970	33179	
1816 TEAMSTERS	Male	8/2/1972	33065	
1817 TEAMSTERS	Female	10/19/1984	33441	
1818 TEAMSTERS	Male	9/5/1968	33068	
1819 TEAMSTERS	Male	1/21/1971	33162	
1820 TEAMSTERS	Male	7/4/1983	33063	
1821 TEAMSTERS	Male	10/16/1953	33309	
1822 TEAMSTERS	Male	3/12/1945	33324	
1823 TEAMSTERS	Female	1/23/1980	33322	
1824 TEAMSTERS	Male	11/21/1984	33063	
1825 TEAMSTERS	Male	1/17/1963	33312	
1826 TEAMSTERS	Female	3/20/1970	33317	
1827 TEAMSTERS	Male	4/11/1973	33066	
1828 TEAMSTERS	Male	5/6/1972	33024	
1829 TEAMSTERS	Male	10/3/1993	33325	
1830 TEAMSTERS	Female	8/8/1983	33023	
1831 TEAMSTERS	Male	1/6/1951	33317	
1832 TEAMSTERS	Male	4/8/1960	33024	
1833 TEAMSTERS	Male	7/25/1954	33323	
1834 TEAMSTERS	Female	12/7/1982	33313	
1835 TEAMSTERS	Male	4/14/1974	33309	
1836 TEAMSTERS	Female	1/31/1978	33064	
1837 TEAMSTERS	Male	12/18/1992	33060	
1838 TEAMSTERS	Male	7/14/1952	33325	
1839 TEAMSTERS	Male	6/4/1960	33335	
1840 TEAMSTERS	Male	10/18/1991	33314	
1841 TEAMSTERS	Male	5/27/1964	33027	
1842 TEAMSTERS	Male	5/10/1959	33306	
1843 TEAMSTERS	Female	8/28/1986	33322	
1844 TEAMSTERS	Male	10/14/1980	33027	
1845 TEAMSTERS	Female	10/27/1964	33307	
1846 TEAMSTERS	Male	5/13/1971	33068	
1847 TEAMSTERS	Female	7/29/1954	33312	
1848 TEAMSTERS	Male	7/27/1986	33321	
1849 TEAMSTERS	Female	10/1/1952	33322-4619	
1850 TEAMSTERS	Female	9/15/1967	33318	
1851 TEAMSTERS	Male	8/21/1941	33325	
1852 TEAMSTERS	Male	1/15/1958	33073	
1853 TEAMSTERS	Female	7/22/1975	33328	
1854 TEAMSTERS	Male	3/1/1967	33315	
1855 TEAMSTERS	Male	1/10/1984	33309	
1856 TEAMSTERS	Female	7/4/1951	33308	
1857 TEAMSTERS	Male	6/29/1961	33322	
1858 TEAMSTERS	Male	11/4/1978	33319	
1859 TEAMSTERS	Male	8/26/1979	33463	
1860 TEAMSTERS	Male	2/10/1979	33024	
1861 TEAMSTERS	Female	4/19/1967	33027	
1862 TEAMSTERS	Male	12/27/1952	33308	
1863 TEAMSTERS	Male	6/16/1962	33319	
1864 TEAMSTERS	Male	2/26/1975	33004	
1865 TEAMSTERS	Female	4/24/1951	33063	
1866 TEAMSTERS	Male	12/13/1976	33319	
1867 TEAMSTERS	Male	5/23/1945	33027	
1868 TEAMSTERS	Male	2/26/1954	33020	

1	IAFF	Male	2/25/1968	33178	DENTAL FIRE Employee & Children
2	IAFF	Male	7/3/1956	33169	DENTAL FIRE Employee & Children
3	IAFF	Male	1/7/1960	33311	DENTAL FIRE Employee & Children
1869	TEAMSTERS	Male	5/27/1988	33309	
1870	TEAMSTERS	Female	12/20/1981	33311	
1871	TEAMSTERS	Male	9/19/1966	33311	
1872	TEAMSTERS	Male	4/7/1980	33071	
1873	TEAMSTERS	Male	7/29/1965	33311	
1874	TEAMSTERS	Female	8/14/1988	33023	
1875	TEAMSTERS	Female	1/20/1967	33325	
1	Retiree	Female	6/1/1943	33351	DENTAL DMO Employee & Spouse
2	Retiree	Male	12/9/1958	33312	DENTAL DMO Employee & Spouse
3	Retiree	Male	12/18/1939	33301	DENTAL DMO Employee & Spouse
4	Retiree	Male	10/14/1958	33009	DENTAL DMO Employee & Spouse
5	Retiree	Male	2/7/1959	33323	DENTAL DMO Employee & Spouse
6	Retiree	Male	9/9/1938	33776	DENTAL DMO Employee & Spouse
7	Retiree	Female	3/16/1947	33304	DENTAL DMO Employee & Spouse
8	Retiree	Male	9/15/1948	32060	DENTAL DMO Employee & Spouse
9	Retiree	Male	7/22/1941	33312	DENTAL DMO Employee & Spouse
10	Retiree	Female	11/5/1956	33311	DENTAL DMO Employee & Spouse
11	Retiree	Male	8/22/1951	33311	DENTAL DMO Employee & Spouse
12	Retiree	Male	3/7/1943	33312	DENTAL DMO Employee & Spouse
13	Retiree	Male	2/23/1937	33311	DENTAL DMO Employee & Spouse
14	Retiree	Male	6/24/1945	33311	DENTAL DMO Employee & Spouse
15	Retiree	Male	12/29/1949	34953	DENTAL DMO Employee & Spouse
16	Retiree	Male	9/29/1951	33311	DENTAL DMO Employee & Spouse
17	Retiree	Male	9/14/1961	33311	DENTAL DMO Employee & Spouse
18	Retiree	Male	5/7/1950	33319	DENTAL DMO Employee & Spouse
19	Retiree	Male	5/18/1940	33441	DENTAL DMO Employee & Spouse
20	Retiree	Male	9/4/1957	33321	DENTAL DMO Employee & Spouse
21	Retiree	Female	10/20/1943	07403	DENTAL DMO Employee & Spouse
22	Retiree	Female	5/1/1943	33324	DENTAL DMO Employee Only/Single
23	Retiree	Male	5/6/1958	44077	DENTAL DMO Employee Only/Single
24	Retiree	Female	2/6/1957	33428	DENTAL DMO Employee Only/Single
25	Retiree	Female	10/22/1964	33063	DENTAL DMO Employee Only/Single
26	Retiree	Female	9/30/1940	33334	DENTAL DMO Employee Only/Single
27	Retiree	Male	3/3/1960	33311	DENTAL DMO Employee Only/Single
28	Retiree	Male	9/7/1956	30815-1036	DENTAL DMO Employee Only/Single
29	Retiree	Female	11/3/1939	33321	DENTAL DMO Employee Only/Single
30	Retiree	Male	8/15/1955	33311	DENTAL DMO Employee Only/Single
31	Retiree	Male	1/22/1958	34450	DENTAL DMO Employee Only/Single
32	Retiree	Female	2/18/1939	33317	DENTAL DMO Employee Only/Single
33	Retiree	Male	1/26/1956	33351	DENTAL DMO Employee Only/Single
34	Retiree	Male	7/15/1954	33068	DENTAL DMO Employee Only/Single
35	Retiree	Male	6/16/1951	33309	DENTAL DMO Employee Only/Single
36	Retiree	Male	5/19/1940	33004	DENTAL DMO Employee Only/Single
37	Retiree	Male	1/12/1960	33311	DENTAL DMO Employee Only/Single
38	Retiree	Female	7/21/1943	33435	DENTAL DMO Employee Only/Single
39	Retiree	Male	10/12/1953	33321	DENTAL DMO Employee Only/Single
40	Retiree	Female	9/19/1941	33312	DENTAL DMO Employee Only/Single
41	Retiree	Female	12/25/1958	33852	DENTAL DMO Employee Only/Single
42	Retiree	Male	12/17/1957	33321	DENTAL DMO Employee Only/Single
43	Retiree	Female	5/15/1954	33022	DENTAL DMO Employee Only/Single
44	Retiree	Female	6/23/1955	33068	DENTAL DMO Employee Only/Single
45	Retiree	Male	9/24/1959	33309	DENTAL DMO Employee Only/Single
46	Retiree	Female	5/10/1939	33066	DENTAL DMO Employee Only/Single
47	Retiree	Female	4/28/1955	33852	DENTAL DMO Employee Only/Single
48	Retiree	Male	9/15/1942	33311	DENTAL DMO Employee Only/Single
49	Retiree	Female	7/1/1937	33066	DENTAL DMO Employee Only/Single
50	Retiree	Male	7/21/1958	33314	DENTAL DMO Employee Only/Single
51	Retiree	Female	4/16/1937	33311	DENTAL DMO Employee Only/Single
52	Retiree	Female	11/4/1951	33169	DENTAL DMO Employee Only/Single
53	Retiree	Male	7/17/1956	33063	DENTAL DMO Employee Only/Single
54	Retiree	Female	8/14/1938	33322	DENTAL DMO Employee Only/Single
55	Retiree	Male	1/16/1958	33068	DENTAL DMO Employee Only/Single
56	Retiree	Male	3/30/1952	34491	DENTAL DMO Employee Only/Single
57	Retiree	Female	1/5/1949	33321	DENTAL DMO Employee Only/Single
58	Retiree	Male	1/4/1943	33315	DENTAL DMO Employee Only/Single
59	Retiree	Male	3/13/1944	33062	DENTAL DMO Employee Only/Single
60	Retiree	Male	6/29/1938	33311	DENTAL DMO Employee Only/Single
61	Retiree	Male	11/21/1960	33021	DENTAL DMO Family

1	IAFF	Male	2/25/1968	33178	DENTAL FIRE	Employee & Children
2	IAFF	Male	7/3/1956	33169	DENTAL FIRE	Employee & Children
3	IAFF	Male	1/7/1960	33311	DENTAL FIRE	Employee & Children
62	Retiree	Male	7/26/1960	33068	DENTAL DMO	Family
63	Retiree	Male	4/28/1960	33345-2156	DENTAL DMO	Family
64	Retiree	Male	2/3/1960	33334	DENTAL DMO	Family
65	Retiree	Male	2/8/1961	33411	DENTAL FIRE	Employee & Children
66	Retiree	Female	5/4/1960	33004	DENTAL FIRE	Employee & Children
67	Retiree	Male	9/8/1960	33309	DENTAL FIRE	Employee & Children
68	Retiree	Male	6/24/1955	32312	DENTAL FIRE	Employee & Spouse
69	Retiree	Male	2/10/1962	33021	DENTAL FIRE	Employee & Spouse
70	Retiree	Male	7/1/1946	30252	DENTAL FIRE	Employee & Spouse
71	Retiree	Male	4/30/1946	33305	DENTAL FIRE	Employee & Spouse
72	Retiree	Male	5/25/1956	33064	DENTAL FIRE	Employee & Spouse
73	Retiree	Male	10/7/1950	33020	DENTAL FIRE	Employee & Spouse
74	Retiree	Male	8/14/1949	33323	DENTAL FIRE	Employee & Spouse
75	Retiree	Male	6/4/1951	33315	DENTAL FIRE	Employee & Spouse
76	Retiree	Male	6/28/1951	33334	DENTAL FIRE	Employee & Spouse
77	Retiree	Male	7/14/1957	33411	DENTAL FIRE	Employee & Spouse
78	Retiree	Male	3/13/1946	33004	DENTAL FIRE	Employee & Spouse
79	Retiree	Male	5/5/1950	33411	DENTAL FIRE	Employee & Spouse
80	Retiree	Male	5/28/1957	33328	DENTAL FIRE	Employee & Spouse
81	Retiree	Male	8/21/1950	33442	DENTAL FIRE	Employee & Spouse
82	Retiree	Male	9/17/1957	33064	DENTAL FIRE	Employee & Spouse
83	Retiree	Male	2/17/1945	34953	DENTAL FIRE	Employee & Spouse
84	Retiree	Male	12/2/1952	33317	DENTAL FIRE	Employee & Spouse
85	Retiree	Male	2/18/1947	33411	DENTAL FIRE	Employee & Spouse
86	Retiree	Male	7/24/1947	33455	DENTAL FIRE	Employee & Spouse
87	Retiree	Male	7/22/1947	33323	DENTAL FIRE	Employee Only/Single
88	Retiree	Male	9/24/1948	33411	DENTAL FIRE	Employee Only/Single
89	Retiree	Male	10/19/1959	34994	DENTAL FIRE	Employee Only/Single
90	Retiree	Male	11/7/1953	33004	DENTAL FIRE	Employee Only/Single
91	Retiree	Male	8/31/1950	32621	DENTAL FIRE	Employee Only/Single
92	Retiree	Male	5/24/1959	33313	DENTAL FIRE	Employee Only/Single
93	Retiree	Male	1/11/1946	33311	DENTAL FIRE	Employee Only/Single
94	Retiree	Male	1/18/1956	33414	DENTAL FIRE	Employee Only/Single
95	Retiree	Female	4/17/1962	32169	DENTAL FIRE	Employee Only/Single
96	Retiree	Male	11/17/1961	33316	DENTAL FIRE	Employee Only/Single
97	Retiree	Male	3/2/1944	32724	DENTAL FIRE	Employee Only/Single
98	Retiree	Male	7/11/1954	33455	DENTAL FIRE	Employee Only/Single
99	Retiree	Male	7/20/1947	33312	DENTAL FIRE	Employee Only/Single
100	Retiree	Male	8/4/1944	33334	DENTAL FIRE	Employee Only/Single
101	Retiree	Male	11/28/1950	33478	DENTAL FIRE	Employee Only/Single
102	Retiree	Male	7/21/1955	33313	DENTAL FIRE	Employee Only/Single
103	Retiree	Male	1/4/1950	32159	DENTAL FIRE	Employee Only/Single
104	Retiree	Male	12/10/1950	29356	DENTAL FIRE	Employee Only/Single
105	Retiree	Male	12/11/1947	77459	DENTAL FIRE	Employee Only/Single
106	Retiree	Male	11/2/1953	33308	DENTAL FIRE	Employee Only/Single
107	Retiree	Male	1/29/1950	33019	DENTAL FIRE	Employee Only/Single
108	Retiree	Male	5/22/1963	33189	DENTAL FIRE	Employee Only/Single
109	Retiree	Male	8/27/1956	33313	DENTAL FIRE	Employee Only/Single
110	Retiree	Male	10/30/1956	33070	DENTAL FIRE	Employee Only/Single
111	Retiree	Male	2/12/1944	33060	DENTAL FIRE	Employee Only/Single
112	Retiree	Male	12/7/1949	33062	DENTAL FIRE	Family
113	Retiree	Male	4/20/1963	33306	DENTAL FIRE	Family
114	Retiree	Male	12/20/1955	33467	DENTAL FIRE	Family
115	Retiree	Male	7/25/1959	32118	DENTAL FIRE	Family
116	Retiree	Male	2/28/1948	33351	DENTAL FIRE	Family
117	Retiree	Male	4/15/1971	33467	DENTAL FIRE	Family
118	Retiree	Male	8/10/1955	33411	DENTAL FIRE	Family
119	Retiree	Female	9/23/1963	54180	DENTAL FIRE	Family
120	Retiree	Male	8/8/1958	33306	DENTAL FIRE	Family
121	Retiree	Male	11/13/1961	33478	DENTAL FIRE	Family
122	Retiree	Male	2/13/1958	33458	DENTAL FIRE	Family
123	Retiree	Male	5/28/1958	28602	DENTAL FIRE	Family
124	Retiree	Female	9/23/1959	33064	DENTAL PPO	Employee & Children
125	Retiree	Female	9/20/1949	33309	DENTAL PPO	Employee & Spouse
126	Retiree	Male	4/15/1954	25705	DENTAL PPO	Employee & Spouse
127	Retiree	Female	10/3/1955	33334	DENTAL PPO	Employee & Spouse
128	Retiree	Female	2/21/1956	32964	DENTAL PPO	Employee & Spouse
129	Retiree	Male	3/12/1951	33312	DENTAL PPO	Employee & Spouse
130	Retiree	Male	9/26/1946	33311	DENTAL PPO	Employee & Spouse
131	Retiree	Male	7/12/1954	33063	DENTAL PPO	Employee & Spouse

1	IAFF	Male	2/25/1968	33178	DENTAL FIRE	Employee & Children
2	IAFF	Male	7/3/1956	33169	DENTAL FIRE	Employee & Children
3	IAFF	Male	1/7/1960	33311	DENTAL FIRE	Employee & Children
132	Retiree	Male	7/24/1961	33317	DENTAL PPO	Employee & Spouse
133	Retiree	Male	1/22/1945	33324	DENTAL PPO	Employee & Spouse
134	Retiree	Female	8/11/1954	34984	DENTAL PPO	Employee & Spouse
135	Retiree	Female	11/14/1956	33317	DENTAL PPO	Employee & Spouse
136	Retiree	Male	4/19/1938	29693	DENTAL PPO	Employee & Spouse
137	Retiree	Male	11/23/1952	33478	DENTAL PPO	Employee & Spouse
138	Retiree	Male	12/1/1946	33004	DENTAL PPO	Employee & Spouse
139	Retiree	Female	3/30/1935	76001	DENTAL PPO	Employee & Spouse
140	Retiree	Male	5/28/1952	32778	DENTAL PPO	Employee & Spouse
141	Retiree	Male	12/7/1959	33852	DENTAL PPO	Employee & Spouse
142	Retiree	Male	9/5/1936	33311	DENTAL PPO	Employee & Spouse
143	Retiree	Male	11/12/1943	33179	DENTAL PPO	Employee & Spouse
144	Retiree	Male	12/4/1935	34478	DENTAL PPO	Employee & Spouse
145	Retiree	Male	9/29/1946	33306	DENTAL PPO	Employee & Spouse
146	Retiree	Male	7/15/1952	33441	DENTAL PPO	Employee & Spouse
147	Retiree	Female	10/5/1949	98012	DENTAL PPO	Employee & Spouse
148	Retiree	Female	11/15/1937	33351	DENTAL PPO	Employee & Spouse
149	Retiree	Male	12/15/1939	33312	DENTAL PPO	Employee & Spouse
150	Retiree	Female	4/14/1960	33351	DENTAL PPO	Employee & Spouse
151	Retiree	Male	1/18/1947	33065	DENTAL PPO	Employee & Spouse
152	Retiree	Male	9/5/1947	32221	DENTAL PPO	Employee & Spouse
153	Retiree	Female	10/26/1944	33321	DENTAL PPO	Employee & Spouse
154	Retiree	Female	7/13/1956	33065	DENTAL PPO	Employee & Spouse
155	Retiree	Female	3/27/1954	16125	DENTAL PPO	Employee & Spouse
156	Retiree	Male	7/7/1952	33309	DENTAL PPO	Employee & Spouse
157	Retiree	Male	10/4/1947	33062	DENTAL PPO	Employee & Spouse
158	Retiree	Male	12/27/1940	32903	DENTAL PPO	Employee & Spouse
159	Retiree	Male	7/16/1948	33334	DENTAL PPO	Employee & Spouse
160	Retiree	Male	6/21/1938	30512	DENTAL PPO	Employee & Spouse
161	Retiree	Female	10/22/1951	32034	DENTAL PPO	Employee & Spouse
162	Retiree	Male	9/27/1955	33319	DENTAL PPO	Employee & Spouse
163	Retiree	Male	10/12/1929	32606	DENTAL PPO	Employee & Spouse
164	Retiree	Male	6/30/1946	32967	DENTAL PPO	Employee & Spouse
165	Retiree	Male	9/29/1934	34983	DENTAL PPO	Employee & Spouse
166	Retiree	Female	9/16/1950	33319	DENTAL PPO	Employee & Spouse
167	Retiree	Male	12/15/1955	33326	DENTAL PPO	Employee & Spouse
168	Retiree	Male	12/29/1957	33326	DENTAL PPO	Employee & Spouse
169	Retiree	Male	8/19/1960	33305	DENTAL PPO	Employee & Spouse
170	Retiree	Female	9/11/1960	35951	DENTAL PPO	Employee & Spouse
171	Retiree	Female	3/9/1941	33328	DENTAL PPO	Employee & Spouse
172	Retiree	Male	11/22/1929	33313	DENTAL PPO	Employee & Spouse
173	Retiree	Male	2/19/1953	33312	DENTAL PPO	Employee & Spouse
174	Retiree	Male	1/25/1947	32086	DENTAL PPO	Employee & Spouse
175	Retiree	Male	7/6/1945	33068	DENTAL PPO	Employee & Spouse
176	Retiree	Male	12/22/1932	33809	DENTAL PPO	Employee & Spouse
177	Retiree	Male	7/27/1949	33928	DENTAL PPO	Employee & Spouse
178	Retiree	Male	1/6/1941	03816	DENTAL PPO	Employee & Spouse
179	Retiree	Female	6/30/1953	33311	DENTAL PPO	Employee & Spouse
180	Retiree	Male	2/6/1938	32909	DENTAL PPO	Employee & Spouse
181	Retiree	Male	3/6/1957	33315	DENTAL PPO	Employee & Spouse
182	Retiree	Male	6/2/1955	33064	DENTAL PPO	Employee & Spouse
183	Retiree	Female	6/19/1961	33311	DENTAL PPO	Employee Only/Single
184	Retiree	Female	11/23/1941	37918-3680	DENTAL PPO	Employee Only/Single
185	Retiree	Male	3/10/1940	33311	DENTAL PPO	Employee Only/Single
186	Retiree	Female	1/30/1941	33004	DENTAL PPO	Employee Only/Single
187	Retiree	Female	7/16/1949	30571	DENTAL PPO	Employee Only/Single
188	Retiree	Male	3/1/1953	28731	DENTAL PPO	Employee Only/Single
189	Retiree	Male	2/2/1954	33157	DENTAL PPO	Employee Only/Single
190	Retiree	Female	7/19/1951	30127	DENTAL PPO	Employee Only/Single
191	Retiree	Male	12/6/1957	33305	DENTAL PPO	Employee Only/Single
192	Retiree	Female	10/9/1957	33305	DENTAL PPO	Employee Only/Single
193	Retiree	Female	12/10/1941	33304	DENTAL PPO	Employee Only/Single
194	Retiree	Female	5/29/1960	37076	DENTAL PPO	Employee Only/Single
195	Retiree	Female	11/4/1952	33317	DENTAL PPO	Employee Only/Single
196	Retiree	Female	3/11/1963	33901	DENTAL PPO	Employee Only/Single
197	Retiree	Male	11/30/1952	33071	DENTAL PPO	Employee Only/Single
198	Retiree	Male	3/17/1948	33308	DENTAL PPO	Employee Only/Single
199	Retiree	Male	7/4/1948	32003	DENTAL PPO	Employee Only/Single
200	Retiree	Female	12/25/1953	33004	DENTAL PPO	Employee Only/Single
201	Retiree	Female	8/6/1941	33324	DENTAL PPO	Employee Only/Single

1	IAFF	Male	2/25/1968	33178	DENTAL FIRE	Employee & Children
2	IAFF	Male	7/3/1956	33169	DENTAL FIRE	Employee & Children
3	IAFF	Male	1/7/1960	33311	DENTAL FIRE	Employee & Children
202	Retiree	Female	4/5/1958	33308	DENTAL PPO	Employee Only/Single
203	Retiree	Female	12/6/1953	33321	DENTAL PPO	Employee Only/Single
204	Retiree	Female	12/28/1944	33308	DENTAL PPO	Employee Only/Single
205	Retiree	Female	2/20/1954	33063	DENTAL PPO	Employee Only/Single
206	Retiree	Male	3/9/1948	32746	DENTAL PPO	Employee Only/Single
207	Retiree	Female	7/19/1949	33301	DENTAL PPO	Employee Only/Single
208	Retiree	Male	8/7/1946	33020	DENTAL PPO	Employee Only/Single
209	Retiree	Female	2/20/1935	85739	DENTAL PPO	Employee Only/Single
210	Retiree	Male	11/12/1947	33309	DENTAL PPO	Employee Only/Single
211	Retiree	Male	9/24/1949	33328	DENTAL PPO	Employee Only/Single
212	Retiree	Male	8/2/1957	33321	DENTAL PPO	Employee Only/Single
213	Retiree	Female	10/25/1952	33309	DENTAL PPO	Employee Only/Single
214	Retiree	Female	6/28/1952	33317	DENTAL PPO	Employee Only/Single
215	Retiree	Male	6/22/1952	16823	DENTAL PPO	Employee Only/Single
216	Retiree	Female	6/19/1959	33062	DENTAL PPO	Employee Only/Single
217	Retiree	Male	7/31/1949	33067	DENTAL PPO	Employee Only/Single
218	Retiree	Male	5/30/1941	33321	DENTAL PPO	Employee Only/Single
219	Retiree	Male	1/25/1931	33311	DENTAL PPO	Employee Only/Single
220	Retiree	Male	1/16/1947	33063	DENTAL PPO	Employee Only/Single
221	Retiree	Male	8/16/1952	33063	DENTAL PPO	Employee Only/Single
222	Retiree	Male	4/5/1946	78730	DENTAL PPO	Employee Only/Single
223	Retiree	Male	12/7/1954	33313	DENTAL PPO	Employee Only/Single
224	Retiree	Female	11/10/1957	33069	DENTAL PPO	Employee Only/Single
225	Retiree	Male	3/10/1951	33069	DENTAL PPO	Employee Only/Single
226	Retiree	Male	2/2/1943	30906	DENTAL PPO	Employee Only/Single
227	Retiree	Female	6/4/1949	33081-4161	DENTAL PPO	Employee Only/Single
228	Retiree	Female	11/20/1946	33315-1164	DENTAL PPO	Employee Only/Single
229	Retiree	Male	6/20/1948	33311	DENTAL PPO	Employee Only/Single
230	Retiree	Female	8/11/1956	33004	DENTAL PPO	Employee Only/Single
231	Retiree	Male	2/1/1946	33334	DENTAL PPO	Employee Only/Single
232	Retiree	Female	7/20/1938	12065	DENTAL PPO	Employee Only/Single
233	Retiree	Male	11/7/1933	33304	DENTAL PPO	Employee Only/Single
234	Retiree	Male	3/31/1943	32102	DENTAL PPO	Employee Only/Single
235	Retiree	Male	3/28/1946	33312	DENTAL PPO	Employee Only/Single
236	Retiree	Female	10/8/1951	33308	DENTAL PPO	Employee Only/Single
237	Retiree	Female	10/22/1952	33308	DENTAL PPO	Employee Only/Single
238	Retiree	Male	12/11/1957	34953	DENTAL PPO	Employee Only/Single
239	Retiree	Female	10/4/1962	34974	DENTAL PPO	Employee Only/Single
240	Retiree	Male	12/10/1934	33304	DENTAL PPO	Employee Only/Single
241	Retiree	Female	4/9/1945	30342-4301	DENTAL PPO	Employee Only/Single
242	Retiree	Male	7/22/1954	34452-9510	DENTAL PPO	Employee Only/Single
243	Retiree	Male	5/3/1952	33351	DENTAL PPO	Employee Only/Single
244	Retiree	Male	7/11/1959	33063	DENTAL PPO	Employee Only/Single
245	Retiree	Female	4/9/1944	33319	DENTAL PPO	Employee Only/Single
246	Retiree	Female	3/16/1950	33325	DENTAL PPO	Employee Only/Single
247	Retiree	Female	3/2/1955	32428	DENTAL PPO	Employee Only/Single
248	Retiree	Male	3/10/1948	33317	DENTAL PPO	Employee Only/Single
249	Retiree	Male	5/21/1949	30571	DENTAL PPO	Employee Only/Single
250	Retiree	Female	8/6/1948	34711	DENTAL PPO	Employee Only/Single
251	Retiree	Female	9/6/1953	32514	DENTAL PPO	Employee Only/Single
252	Retiree	Male	12/30/1940	33311	DENTAL PPO	Employee Only/Single
253	Retiree	Female	9/1/1957	33063	DENTAL PPO	Employee Only/Single
254	Retiree	Male	11/19/1943	98221	DENTAL PPO	Employee Only/Single
255	Retiree	Female	10/30/1959	44662	DENTAL PPO	Employee Only/Single
256	Retiree	Male	8/8/1944	33311	DENTAL PPO	Employee Only/Single
257	Retiree	Female	9/24/1957	33305	DENTAL PPO	Employee Only/Single
258	Retiree	Male	1/26/1953	33305	DENTAL PPO	Employee Only/Single
259	Retiree	Male	2/21/1948	34442	DENTAL PPO	Employee Only/Single
260	Retiree	Male	2/4/1948	33029	DENTAL PPO	Employee Only/Single
261	Retiree	Female	10/11/1947	34987	DENTAL PPO	Employee Only/Single
262	Retiree	Male	8/7/1940	33316	DENTAL PPO	Employee Only/Single
263	Retiree	Male	2/17/1929	39475	DENTAL PPO	Employee Only/Single
264	Retiree	Male	10/19/1953	33334	DENTAL PPO	Employee Only/Single
265	Retiree	Male	2/5/1947	33312	DENTAL PPO	Employee Only/Single
266	Retiree	Female	10/15/1949	11432	DENTAL PPO	Employee Only/Single
267	Retiree	Female	12/24/1942	33319	DENTAL PPO	Employee Only/Single
268	Retiree	Female	4/30/1942	32778	DENTAL PPO	Employee Only/Single
269	Retiree	Male	12/13/1931	33060	DENTAL PPO	Employee Only/Single
270	Retiree	Male	3/25/1936	32159	DENTAL PPO	Employee Only/Single
271	Retiree	Male	10/15/1956	27006	DENTAL PPO	Family

1	IAFF	Male	2/25/1968	33178	DENTAL FIRE	Employee & Children
2	IAFF	Male	7/3/1956	33169	DENTAL FIRE	Employee & Children
3	IAFF	Male	1/7/1960	33311	DENTAL FIRE	Employee & Children
272	Retiree	Male	9/6/1968	33436	DENTAL PPO	Family
273	Retiree	Male	4/25/1963	33311	DENTAL PPO	Family
274	Retiree	Female	1/28/1959	33071	DENTAL PPO	Family
275	Retiree	Male	5/2/1951	32060	DENTAL PPO	Family
276	Retiree	Male	2/16/1949	33444	DENTAL PPO	Family
277	Retiree	Male	7/13/1952	34949	DENTAL PPO	Family
278	Retiree	Male	2/19/1960	33021	DENTAL PPO	Family
279	Retiree	Male	1/11/1952	40324	DENTAL PPO	Family
280	Retiree	Female	2/13/1955	33324	DENTAL PPO	Family
281	Retiree	Female	9/18/1977	33060	DENTAL PPO	Family
282	Retiree	Male	8/3/1953	33322	DENTAL PPO	Family

	COBRA Event	Qualifying Event Date	End of Active Coverage	COBRA End Date	Plan Type	Tier Level	Effective Date	Coverage End Date
1	CEASE-A	12/31/2015	12/31/2015	12/31/2018	HMO	SINGLE	1/1/2016	12/31/2016
2	DEATH	9/30/2014	9/30/2014	9/30/2017	DPPO	EE+CH	10/1/2014	12/31/2016
3	DEATH	6/30/2015	6/30/2015	6/30/2018	PPO	SINGLE	7/1/2015	12/31/2016
4	TERM	9/14/2016	9/30/2016	3/30/2018	PPO	SINGLE	10/1/2016	12/31/2016
5	TERM	6/17/2016	6/30/2016	12/30/2017	PPO	EE+SP	7/1/2016	12/31/2016
6	DEATH	2/2/2014	2/28/2014	2/28/2017	PPO	SINGLE	3/1/2014	12/31/2016
7	TERM	11/4/2016	11/30/2016	5/30/2018	PPO	SINGLE	12/1/2016	12/31/2016

HumanaDental Prepaid HS195 Plan with Implants

Florida

Feel good about choosing a HumanaDental plan

The HumanaDental HS Series dental plan has you covered for any circumstance. Whether you simply need routine dental care or unexpected dental treatment, you know what to expect with HumanaDental.

- No waiting periods
- No claims to file
- No annual maximums

Use your HumanaDental benefits

After you enroll in a plan and receive your ID card, you can manage your plan information on your personal home page on **HumanaDental.com**.

- You have the freedom to select any participating general dentist as your primary care dentist. To select a dental provider from our network, simply visit **HumanaDental.com**. Once there, you can also check your benefits, email us and get a new or temporary ID card. If you prefer, contact us at 1-800-342-5209.
- Life without claim forms! With the HumanaDental Prepaid plan you pay your dentist directly, when applicable.
- Your primary dentist will provide all of your routine dental care and you will pay any copayment or discounted charges at the time of service.

Good health starts with a healthy mouth

Make dental visits a priority

One of the first lines of defense in overall health is dental care. Regular dental cleanings can help manage problems throughout the body, such as heart disease, diabetes, and stroke. In fact, a healthy mouth can add 6.4 years to RealAge® life expectancy.¹ The HumanaDental Prepaid plan enables you to take better care of your teeth, and you'll pay less for your dental care doing so.

Go to MyDentalIQ.com

Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

Tips to ensure a healthy mouth

- Use a soft-bristled toothbrush
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Floss daily
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings

Questions?

Check out **HumanaDental.com**

Call 1-800-233-4013, Monday through Friday, 8 a.m. to 6 p.m.
(TDD: 1-800-325-2025).

For exclusions and limitations, please review the Specialty Benefits Regulatory and Technical Information Guide available at **Disclosure.Humana.com**.

¹ Dr. Michael Roizen, RealAge.com

HumanaDental Prepaid HS195 Plan with Implants

The HumanaDental Prepaid plans focus on maintaining oral health, prevention and cost-containment. Members may see a primary care dentist as often as necessary. There are no yearly maximums, no deductibles to meet and no waiting periods. HS plans copayments for listed procedures are applicable only at a participating general dentist.

A primary care dentist (PCD) may decide that a member needs to see a contracted dental specialist. No referral is necessary to see a network specialist.

Specialists services: Should members need a specialist, (i.e., endodontist, oral surgeon, periodontist, pediatric dentist), they may be referred by a participating general dentist, or members can self-refer to any participating specialist. For HS plans, copayment amounts are applicable when treatment is performed by participating specialists.

Summary of services

Services marked with a single asterisk (*) below also require separate payment of laboratory charges, not to exceed \$200. The laboratory charges must be paid to the plan dentist in addition to any applicable copayment for the service.

Appointments	Member pays
D9310 Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	no charge
D9430 Office visit (normal hours)	no charge
D9440 Office visit (after regularly scheduled hours)	\$ 30.00
D9999 Broken appointments (without 24 hr. notice, per 15 min)—maximum \$40 per broken appointment. No charge will be made due to emergencies	\$ 10.00

Diagnostic	Member pays
D0120 Periodic oral examination (two per calendar year)	no charge
D0140 Limited/comprehensive/detailed and extensive oral eval	no charge
D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver ...	no charge
D0150 Limited/comprehensive/detailed and extensive oral eval (two per calendar year)	no charge
D0160 Limited/comprehensive/detailed and extensive oral eval	no charge
D0170 Re-evaluation—problem focused (not post-operative visit)	no charge
D0180 Comprehensive periodontal evaluation (two per calendar year)	no charge
D0210 X-ray intraoral—complete series including bitewings (once per three calendar years)	no charge
D0220 X-ray intraoral—periapical, first film	no charge
D0230 X-ray intraoral—periapical, each additional film.	no charge
D0240 X-rays intraoral—occlusal film	no charge
D0250 Extraoral—first film	no charge
D0260 Extraoral—each additional film	no charge
D0270 X-ray bitewing—single film (two per calendar year)	no charge
D0272 X-ray bitewings—two films (two per calendar year)	no charge
D0273 X-ray bitewings—three films (two per calendar year)	no charge

D0274 Bitewings—four films (two per calendar year) ...	no charge
D0277 X-ray bitewings, vertical—seven to eight films (two per calendar year)	no charge
D0330 Panoramic film (once per three calendar years) .	no charge
D0350 Oral/facial photography images	no charge
D0415 Collect microorganisms culture & sensitivity	no charge
D0425 Caries susceptibility tests	no charge
D0431 Oral cancer screening using a special light source. \$	50.00
D0460 Pulp vitality tests (not covered if a root canal is performed)	no charge
D0470 Diagnostic casts	no charge
D0472 Pathology report—gross examination of lesion. .	no charge
D0473 Pathology report—microscopic examination of lesion	no charge
D0474 Pathology report—microscopic examination of lesion and area	no charge

Preventive	Member pays
D1110 Prophylaxis—adult, routine (two per calendar year, by primary care dentist)	no charge
D1111 Additional—adult prophylaxis, with or without fluoride (maximum of two additional per year) ..	\$ 35.00
D1120 Prophylaxis—child, routine (two per calendar year)	no charge
D1121 Additional—child prophylaxis, with or without fluoride (maximum of two additional per year) ..	\$ 25.00
D1203 Topical application of fluoride (not including prophylaxis)—child (up to 16 years of age) (two per calendar year)	no charge
D1204 Topical application of fluoride—adult (two per calendar year, by primary care dentist). .	no charge
D1206 Topical fluoride varnish (for child <16) (two per calendar year)	no charge
D1310 Nutrition counseling for the control or avoidance of dental disease	no charge
D1320 Tobacco counseling services for the control or prevention of oral disease	no charge
D1330 Oral hygiene instruction	no charge
D1351 Sealant—per tooth (permanent teeth only to age 16)	no charge

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Exhibit 1

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D1510* Space maintainer—fixed, unilateral (through age 14)	\$ 25.00
D1515* Space maintainer—fixed, bilateral (through age 14)	\$ 25.00
D1520* Space maintainer—removable, unilateral (through age 14)	\$ 35.00
D1525* Space maintainer—removable, bilateral (through age 14)	\$ 35.00
D1550 Recementation of space maintainer	\$ 15.00
D1555 Removal of fixed space maintainer	\$ 15.00

Restorative**Member pays**

D2140 Amalgam—one surface, primary or permanent. no charge	
D2150 Amalgam—two surfaces, primary or permanent. no charge	
D2160 Amalgam—three surfaces, primary or permanent. . no charge	
D2161 Amalgam—four or more surfaces, primary or permanent.	no charge
D2940 Sedative filling	no charge

Resin restorative

(inlays and onlays limited to one per tooth every five years)

Member pays

D2330 Resin based composite—one surface, anterior ..	no charge
D2331 Resin based composite—two surfaces, anterior .	no charge
D2332 Resin based composite—three surfaces, anterior ..	no charge
D2335 Resin based composite—four or more surfaces or involving incisal angle (anterior)	no charge
D2390 Resin based composite crown, anterior	\$ 30.00
D2391 Resin based composite—one surface, posterior .	\$ 30.00
D2392 Resin based composite—two surfaces, posterior .	\$ 45.00
D2393 Resin based composite—three surfaces, posterior .	\$ 65.00
D2394 Resin based composite—four or more surfaces, posterior	\$ 65.00
D2510* Inlay—metallic, one surface	\$225.00
D2520* Inlay—metallic, two surfaces	\$235.00
D2530* Inlay—metallic, three or more surfaces	\$245.00
D2542* Onlay—metallic, two surfaces	\$245.00
D2543* Onlay—metallic, three surfaces	\$260.00
D2544* Onlay—metallic, four or more surfaces	\$270.00
D2610* Inlay—porcelain/ceramic, one surface	\$245.00
D2620* Inlay—porcelain/ceramic, two surfaces	\$245.00
D2630* Inlay—porcelain/ceramic, three or more surfaces .	\$245.00
D2642* Onlay—porcelain/ceramic, two surfaces	\$245.00
D2643* Onlay—porcelain/ceramic, three surfaces	\$245.00
D2644* Onlay—porcelain/ceramic, four or more surfaces.	\$245.00
D2650* Inlay—resin based composite, one surface	\$245.00
D2651* Inlay—resin based composite, two surfaces	\$245.00
D2652* Inlay—resin based composite, three or more surfaces	\$245.00
D2662* Onlay—resin based composite, two surfaces.	\$245.00
D2663* Onlay—resin based composite, three surfaces ..	\$245.00
D2664* Onlay—resin based composite, four or more surfaces	\$245.00

Crown and bridge

(limited to one per tooth every five years)

Member pays

D2710* Crown—resin based composite, indirect	\$245.00
D2712* Crown—3/4 resin based composite, indirect	\$245.00
D2720* Crown—resin with high noble metal	\$245.00
D2721 Crown—resin with predominantly base metal. .	\$245.00
D2722* Crown—resin with noble metal	\$245.00
D2740* Crown—porcelain/ceramic substrate	\$245.00

D2750* Crown—porcelain fused to high noble metal	\$245.00
D2751 Crown—porcelain fused to predominantly base metal	\$245.00
D2752* Crown—porcelain fused to noble metal.	\$245.00
D2780* Crown—3/4 cast high noble metal.	\$245.00
D2781 Crown—3/4 cast predominantly base metal	\$245.00
D2782* Crown—3/4 cast noble metal.	\$245.00
D2783* Crown—3/4 porcelain/ceramic	\$245.00
D2790* Crown—full cast high noble metal	\$245.00
D2791 Crown—full cast predominantly base metal	\$245.00
D2792* Crown—full cast noble metal.	\$245.00
D2794* Crown—titanium	\$245.00
D2799 Provisional crown	no charge
D2910 Recement inlay, onlay or veneer	no charge
D2915 Recement cast or prefabricated post and core ..	no charge
D2920 Recement crown	no charge
D2930 Prefabricated stainless steel crown—primary tooth	\$ 25.00
D2931 Prefabricated stainless steel crown—permanent tooth	\$ 25.00
D2932 Prefabricated resin crown	\$ 45.00
D2933 Prefabricated stainless steel crown with resin window	\$ 45.00
D2950 Core buildup, including any pins	\$ 70.00
D2951 Pin retention—per tooth, in addition to restoration.	\$ 10.00
D2952* Cast post and core in addition to crown	\$ 50.00
D2953* Each additional cast post—same tooth	\$ 50.00
D2954 Prefabricated post and core in addition to crown .	\$ 30.00
D2955 Post removal	\$ 10.00
D2957 Each additional prefabricated post—same tooth, base metal post	\$ 30.00
D2960 Labial veneer (resin laminate)—chairside	\$250.00
D2961* Labial veneer (resin laminate)—laboratory	\$300.00
D2962* Labial veneer (porcelain laminate)—laboratory .	\$350.00
D2970 Temporary crown (fractured tooth)	no charge
D2971 Additional procedure—new crown existing partial denture	\$ 50.00
D2980 Crown repair	no charge
D6940 Stress breaker	\$110.00
D6950 Precision attachment	\$195.00
D6970* Cast post and core, in addition to fixed partial denture retainer	\$ 50.00
D6972 Prefabricated post and core in addition to fixed partial denture retainer, base metal post	\$ 30.00
D6976* Each additional cast post—same tooth	\$ 40.00
D6977 Each additional prefabricated post—same tooth. .	\$ 40.00
D6980* Fixed partial denture repair, by report	\$ 45.00

Prosthodontics (fixed)

(replacement limited to every five years, adjustments once per year)

Member pays

D6210* Pontic—cast high noble metal	\$245.00
D6211 Pontic—cast predominantly base metal	\$245.00
D6212* Pontic—cast noble metal	\$245.00
D6240* Pontic—porcelain fused to high noble metal	\$245.00
D6241 Pontic—porcelain fused to predominantly base metal	\$245.00
D6242* Pontic—porcelain fused to noble metal.	\$245.00
D6750* Crown—porcelain fused to high noble metal	\$245.00
D6751 Crown—porcelain fused to predominantly base metal	\$245.00
D6752* Crown—porcelain fused to noble metal	\$245.00

D6790* Crown—full cast high noble metal.....	\$245.00
D6791 Crown—full cast predominantly base metal	\$245.00
D6792* Crown—full cast noble metal.....	\$245.00
D6794* Crown—titanium	\$245.00
D6930 Recement fixed partial denture (per unit)	no charge
D6973 Core buildup for retainer, including any pins	\$ 10.00

Prosthodontics

(replacement limited to every five years)

Member pays

D5110* Complete denture—maxillary	\$325.00
D5120* Complete denture—mandibular.....	\$325.00
D5130* Immediate denture—maxillary	\$350.00
D5140* Immediate denture—mandibular.....	\$350.00
D5211* Maxillary partial denture—resin base	\$400.00
D5212* Mandibular partial denture—resin base.....	\$400.00
D5213* Maxillary partial denture—cast metal frame- work, resin denture bases	\$425.00
D5214* Mandibular partial denture—cast metal frame- work, resin denture bases	\$425.00
D5225* Maxillary partial denture—flexible (including clasps, rests and teeth)	\$425.00
D5226* Mandibular partial denture—flexible (including clasps, rests and teeth)	\$425.00
D5281* Removable partial denture—one piece cast metal.....	\$300.00
D5410 Adjust complete denture—maxillary	\$ 10.00
D5411 Adjust complete denture—mandibular.....	\$ 10.00
D5421 Adjust partial denture—maxillary	\$ 10.00
D5422 Adjust partial denture—mandibular	\$ 10.00
D5660* Add clasp to existing partial denture	\$ 35.00

Endodontics(each procedure limited to
once per tooth per life)**Member pays**

D3110 Pulp cap—direct (excluding final restoration). ...	\$ 5.00
D3120 Pulp cap—indirect (excluding final restoration)..	\$ 5.00
D3220 Therapeutic pulpotomy	\$ 30.00
D3221 Pulpal debridement, primary and permanent teeth	\$ 55.00
D3230 Pulpal therapy (resorbable filling)—anterior, primary tooth (excluding final restoration).....	\$ 40.00
D3240 Pulpal therapy (resorbable filling)—posterior, primary tooth (excluding final restoration).....	\$ 40.00
D3310 Root canal therapy—anterior (excluding final restoration)	\$100.00
D3320 Root canal therapy—bicuspid (excluding final restoration)	\$152.00
D3330 Root canal therapy—molar (excluding final restoration)	\$210.00
D3331 Treatment of root canal obstruction— non-surgical access.....	\$ 85.00
D3332 Incomplete endodontic therapy—inoperable or fractured tooth	\$ 96.00
D3333 Internal root repair of perforation defects.....	\$ 85.00
D3346 Retreatment of previous root canal therapy—anterior	\$180.00
D3347 Retreatment of previous root canal therapy—bicuspid.....	\$280.00
D3348 Retreatment of previous root canal therapy—molar.....	\$325.00
D3351 Apexification/recalcification—initial visit.....	\$ 70.00
D3352 Apexification/recalcification—interim	\$ 70.00
D3353 Apexification/recalcification—final visit.....	\$ 70.00

D3410 Apicoectomy/periradicular surgery—anterior ...	\$ 95.00
D3421 Apicoectomy/periradicular surgery—bicuspid (first root)	\$ 95.00
D3425 Apicoectomy/periradicular surgery—molar (first root)	\$ 95.00
D3426 Apicoectomy/periradicular surgery (each additional root)	\$ 60.00
D3430 Retrograde filling—per root.....	\$ 60.00
D3450 Root amputation—per root (not covered in conjunction with procedure D3920).	\$ 95.00
D3910 Surgical procedure to isolate tooth with rubber dam	\$ 19.00
D3920 Hemisection not included in root canal therapy .	\$ 90.00
D3950 Root canal prepare and fit preformed dowel/post	\$ 15.00

Periodontics (gum treatment)**Member pays**

D4210 Gingivectomy/gingivoplasty per quadrant	\$110.00
D4211 Gingivectomy/gingivoplasty per tooth	\$ 83.00
D4240 Gingival flap, including root planing—four or more teeth, per quadrant	\$150.00
D4241 Gingival flap, including root planing—one to three teeth, per quadrant	\$113.00
D4245 Apically positioned flap.....	\$165.00
D4249 Clinical crown lengthening—hard tissue	\$150.00
D4260 Osseous surgery—four or more teeth or bounded spaces, per quadrant	\$300.00
D4261 Osseous surgery—one to three teeth, per quadrant.	\$225.00
D4263 Bone replacement graft—first site in quadrant ..	\$180.00
D4264 Bone replacement graft—each additional site in quadrant bone	\$ 95.00
D4265 Biological materials which can aid soft and osseous tissue regeneration.....	\$ 95.00
D4266 Guided tissue regeneration—resorbable barrier, per site.	\$215.00
D4267 Guided tissue regeneration—nonresorbable barrier, per site (includes membrane removal) ..	\$255.00
D4270 Pedicle soft tissue graft procedure	\$245.00
D4271 Free soft tissue graft procedure (including donor site surgery).....	\$245.00
D4273 Subepithelial connective tissue graft, tooth	\$ 75.00
D4274 Distal or proximal wedge procedure.....	\$100.00
D4275 Soft tissue allograft	\$380.00
D4320 Provisional splinting—intracoronar.....	\$ 95.00
D4321 Provisional splinting—extracoronar	\$ 85.00
D4341 Periodontal scaling and root planing, per quadrant (a maximum of four quadrants will be paid in any combinations, per 24 calendar months for procedures D4341 and D4342)	\$ 50.00
D4342 Periodontal scaling and root planing one to three teeth per quadrant (a maximum of four quadrants will be paid in any combinations, per 24 calendar months for procedures D4341 and D4342).....	\$ 38.00
D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis (once per five calendar years)	\$ 50.00
D4381 Localized delivery of chemotherapeutic agents (per tooth) (limited to once per tooth per 12 months to a maximum of three tooth sites per quadrant, and performed no less than three months following active periodontal therapy)....	\$ 65.00
D4910 Periodontal maintenance (covered only after active periodontal therapy) .	\$ 40.00

D4911 Additional periodontal maintenance procedures
(beyond two per 12 months) \$ 55.00

Extractions/oral and maxillofacial surgery Member pays

D7111 Coronal remnants, deciduous tooth. \$ 5.00
D7140 Extraction, erupted tooth or exposed tooth \$ 5.00
D7210 Surgical removal of erupted tooth \$ 30.00
D7220 Removal of impacted tooth—soft tissue \$ 50.00
D7230 Removal of impacted tooth—partially bony..... \$ 65.00
D7240 Removal of impacted tooth—completely bony.. \$ 80.00
D7241 Removal of impacted tooth—completely bony,
unusual complications by report. \$100.00
D7250 Surgical removal of residual tooth roots \$ 40.00
D7270 Tooth stabilization of accidentally avulsed or
displaced tooth \$ 50.00
D7280 Surgical access of an unerupted tooth
(excluding wisdom teeth) \$100.00
D7282 Mobilization of erupted or malposed tooth to
aid eruption \$ 90.00
D7283 Placement of device to facilitate eruption of
impacted tooth \$ 90.00
D7285 Biopsy of oral tissue—hard (bone, tooth) \$150.00
D7286 Biopsy of oral tissue—soft (all others) \$ 60.00
D7287 Exfoliative cytological sample collection \$ 50.00
D7288 Brush biopsy—transepithelial sample collection.. \$ 50.00
D7310 Alveoloplasty in conjunction with
extractions—per quadrant \$ 40.00
D7311 Alveoloplasty in conjunction with extractions—
one to three teeth or tooth spaces, per quadrant. \$ 15.00
D7320 Alveoloplasty not in conjunction with
extractions—per quadrant \$ 60.00
D7321 Alveoloplasty not in conjunction with
extractions—one to three teeth or tooth
spaces, per quadrant \$ 25.00
D7471 Removal of lateral exostosis (maxilla or mandible). \$ 80.00
D7472 Removal of torus palatinus \$ 60.00
D7473 Removal of torus mandibularis \$ 60.00
D7485 Surgical reduction of osseous tuberosity \$ 60.00
D7510 Incision and drainage of abscess—
intraoral soft tissue \$ 35.00
D7511 Incision and drainage of abscess—intraoral soft
tissue, complicated
(includes drainage of multiple fascial spaces)..... \$ 35.00
D7520 Incision and drainage of abscess—extraoral
soft tissue \$ 35.00
D7521 Incision and drainage of abscess—extraoral soft
tissue, complicated
(includes drainage of multiple fascial spaces)..... \$ 35.00
D7910 Suture of recent small wounds up to 5 cm. \$ 25.00
D7960 Frenulectomy (frenectomy or frenotomy)—
separate procedure \$ 50.00
D7963 Frenuloplasty \$ 50.00
D7970 Excision hyperplastic tissue—per arch \$ 55.00
D7971 Excision of pericoronoid gingiva \$ 40.00

Repairs to prosthetics Member pays

D5510* Repair broken complete denture base \$ 35.00
D5520* Replace missing or broken teeth—complete
denture (each tooth) \$ 35.00
D5610* Repair resin denture base \$ 35.00
D5620* Repair cast framework \$ 35.00
D5630* Repair or replace broken clasp \$ 35.00
D5640* Replace broken teeth—per tooth \$ 35.00

D5650* Add tooth to existing partial denture \$ 35.00
D5670* Replace all teeth and acrylic
framework—maxillary \$165.00
D5671* Replace all teeth and acrylic
framework—mandibular \$165.00
D5710* Rebase complete maxillary denture \$ 75.00
D5711* Rebase complete mandibular denture \$ 75.00
D5720* Rebase maxillary partial denture \$ 75.00
D5721* Rebase mandibular partial denture \$ 75.00
D5730 Reline complete maxillary denture (chairside)... \$ 65.00
D5731 Reline complete mandibular denture (chairside) . \$ 65.00
D5740 Reline maxillary partial denture (chairside)..... \$ 65.00
D5741 Reline mandibular partial denture (chairside) ... \$ 65.00
D5750* Reline complete maxillary denture (laboratory) . \$ 85.00
D5751* Reline complete mandibular denture (laboratory) . \$ 85.00
D5760* Reline maxillary partial denture (laboratory) \$ 85.00
D5761* Reline mandibular partial denture (laboratory) .. \$ 85.00
D5810* Interim complete denture (maxillary) \$230.00
D5811* Interim complete denture (mandibular) \$230.00
D5820* Interim partial denture (maxillary) \$160.00
D5821* Interim partial denture (mandibular) \$170.00
D5850 Tissue conditioning, maxillary \$ 20.00
D5851 Tissue conditioning, mandibular \$ 20.00
D5862* Precision attachment, by report \$160.00
D6214* Pontic titanium \$245.00
D6245* Pontic—porcelain/ceramic \$245.00
D6250* Pontic—resin with high noble metal \$245.00
D6251 Pontic—resin with predominantly base metal .. \$245.00
D6252* Pontic—resin with noble metal \$245.00
D6253* Provisional pontic no charge
D6545* Retainer—cast metal, resin bonded
fixed prosthesis \$150.00
D6600* Inlay—porcelain/ceramic, two surfaces \$245.00
D6601* Inlay—porcelain/ceramic, three or more surfaces . \$245.00
D6602* Inlay—cast high noble metal, two surfaces \$245.00
D6603* Inlay—cast high noble metal, three or
more surfaces \$245.00
D6604 Inlay—cast predominantly base metal,
two surfaces \$245.00
D6605 Inlay—cast predominantly base metal, three or
more surfaces \$245.00
D6606* Inlay—cast noble metal, two surfaces \$245.00
D6607* Inlay—cast noble metal, three or more surfaces . \$245.00
D6608* Onlay—porcelain/ceramic, two surfaces \$245.00
D6609* Onlay—porcelain/ceramic, three or more surfaces. \$245.00
D6610* Onlay—cast high noble metal, two surfaces \$245.00
D6611* Onlay—cast high noble metal, three or
more surfaces \$245.00
D6612 Onlay—cast predominantly base metal,
two surfaces \$245.00
D6613 Onlay—cast predominantly base metal, three
or more surfaces \$245.00
D6614* Onlay—cast noble metal, two surfaces \$245.00
D6615* Onlay—cast noble metal, three or more surfaces.. \$245.00
D6710* Crown—indirect resin based composition \$245.00
D6720* Crown—resin with high noble metal \$245.00
D6721 Crown—resin with predominantly base metal... \$245.00
D6722* Crown—resin with noble metal \$245.00
D6740* Crown—porcelain/ceramic \$245.00
D6780* Crown—3/4 cast high noble metal \$245.00
D6781 Crown—3/4 cast predominantly base metal \$245.00
D6782* Crown—3/4 cast noble metal \$245.00
D6783* Crown—3/4 porcelain/ceramic, denture \$245.00

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Adjunctive general service	Member pays
D9110 Palliative (emergency) treatment of dental pain—minor procedure	\$ 10.00
D9120 Fixed partial denture sectioning	no charge
D9210 Local anesthesia not in conjunction with operative or surgical procedures.....	no charge
D9211 Regional block anesthesia	no charge
D9212 Trigeminal division block anesthesia	no charge
D9215 Local anesthesia	no charge
D9220 General anesthesia—first 30 minutes (limited to the removal of partial, or complete boney impacted teeth)	\$150.00
D9221 General anesthesia—additional 15 minutes (limited to the removal of partial, or complete boney impacted teeth).....	\$ 45.00
D9230 Analgesia (nitrous oxide), per 15 minutes	\$ 15.00
D9241 I.V. conscious sedation—first 30 minutes (limited to the removal of partial, or complete boney impacted teeth).....	\$150.00
D9242 I.V. conscious sedation—additional 15 minutes (limited to the removal of partial, or complete boney impacted teeth)	\$ 45.00
D9248 Non-intravenous conscious sedation	\$ 15.00
D9450 Case presentation, detailed and extensive treatment planning	no charge
D9610 Non-intravenous conscious sedation	\$ 15.00
D9612 Therapeutic parenteral drugs, two or more administrations, different medications	\$ 25.00
D9630 Other drugs and/or medicaments, by report	\$ 15.00
D9910 Application of desensitizing medicament	\$ 15.00
D9940 Occlusal guard, by report	\$ 85.00
D9942 Repair and/or reline of occlusal guard.....	\$ 40.00
D9951 Occlusal adjustment—limited	\$ 30.00
D9952 Occlusal adjustment—complete	\$100.00

Bleaching	Member pays
D9972 External bleaching—per arch.....	\$125.00

NOTE:

- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- Unlisted procedures are available at certain participating dentists usual fee less 25%. Visit HumanaDental.com to find a participating dentist who offers the discount on non-covered services.
- When crown and/or bridgework exceeds six units in the same treatment plan, the patient may be charged an additional \$75 per unit
- Some covered services are typically only offered by a specialist (like many oral surgery procedures)
- Additional exclusions and limitations are listed along with full plan information in your certificate of benefits. If you do not have a certificate of benefits, please review the Specialty Benefits Regulatory and Technical Information Guide available at Disclosure.Humana.com.

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Insured or administered by CompBenefits Company

Orthodontics	Member pays
D8070 Comprehensive orthodontic treatment of the transitional dentition.....	\$1,850.00
Consultation	no charge
Evaluation	\$ 35.00
Records/treatment planning.....	\$ 250.00
D8080 Comprehensive orthodontic treatment of the adolescent dentition	\$1,850.00
Consultation	no charge
Evaluation	\$ 35.00
Records/treatment planning.....	\$ 250.00
D8090 Comprehensive orthodontic treatment of the adult dentition.....	\$1,850.00
D8680 Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$ 300.00
D8693 Rebonding or recementing; and/or repair, as required, of fixed retainers	no charge

Implants (available for groups 10+ enrolled)**Coverage for implants:**

- Implants and implant supported prostheses covered at a 50% coinsurance
- Annual Maximum Benefit of \$1,500
- Lifetime Maximum Benefit of \$10,000



Humana.com



HumanaDental Traditional Preferred 09

HUMANA
Specialty Benefits

FLORIDA

City of Fort Lauderdale-Firefighters

Calendar-year deductible (excludes orthodontia services)	Per person \$100	
Annual maximum (excludes orthodontia services)	\$1,500	
Preventive services <ul style="list-style-type: none"> • Oral examinations • X-rays • Cleanings • Topical fluoride treatment • Sealants 	100% no deductible	
Basic services <ul style="list-style-type: none"> • Space maintainers • Emergency care for pain relief • Basic oral surgery services - basic extractions of erupted tooth or root • Fillings (amalgam, composite for anterior teeth) • Appliances for children • Prefabricated stainless steel crowns • Complex surgical extractions - surgical removal of erupted tooth, impacted tooth, and tooth roots • Composite fillings for molars • Periodontics • Endodontics (root canal) 	80% after deductible	
Major services <ul style="list-style-type: none"> • Crowns • Inlays and onlays • Bridgework • Dentures • Denture relines and rebases • Denture repair and adjustments 	50% after deductible	
Orthodontia	Adult/child orthodontia. - Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: \$1,500 lifetime orthodontia maximum.	

Non-participating dentists can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. If a member sees an out-of-network dentist, the coinsurance level will apply to the maximum allowable fee.

HumanaDental Traditional Preferred 09

HUMANA
Specialty Benefits

Waiting periods

Employer-sponsored funding: 10+ enrolled employees

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	No	No
Late applicant ¹	No	12 months	12 months	12 months

¹ Late applicants not allowed with open enrollment option.

HumanaDental Traditional Preferred 09

HUMANA.
Specialty Benefits

Questions?

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit **Humana.com**.

Feel good about choosing a HumanaDental plan

Make regular dental visits a priority

Regular cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.* Your HumanaDental Traditional Preferred plan focuses on prevention and early diagnosis, providing four exams and cleanings every calendar year: two regular and two periodontal.

* www.perio.org

Go to MyDentalIQ.com

Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

Tips to ensure a healthy mouth

- Use a soft-bristled toothbrush
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Floss daily
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings

Did you know that 74 percent of adult Americans believe an unattractive smile could hurt a person's chances for career success?* HumanaDental helps you feel good about your dental health so you can smile confidently.

* American Academy of Cosmetic Dentistry

Use your HumanaDental benefits

Find a dentist

With HumanaDental's Traditional Preferred plan, you can see any dentist. You save an average of 30 percent when you visit a dentist in HumanaDental's Traditional Preferred Network. To find a dentist in HumanaDental's Traditional Preferred Network, log on to **Humana.com** or call 1-800-233-4013.

Know what your plan covers

The other side of this page provides a summary of HumanaDental benefits. Your plan certificate describes in detail your HumanaDental benefits. You can find it on MyHumana, your personal page at **Humana.com** or call 1-800-233-4013.

See your dentist

Your HumanaDental identification card contains all the information your dentist needs to submit your claims. Be sure to share it with the office staff when you arrive for your appointment. If you don't have your card, you can print proof of coverage at **Humana.com**.

Learn what your plan paid

After HumanaDental processes your dental claim, you will receive an explanation of benefits or claims receipt. It provides detailed information on covered dental services, amounts paid, plus any amount you may owe your dentist. You can also check the status of your claim on MyHumana at **Humana.com** or by calling 1-800-233-4013.

HUMANA.
Specialty Benefits

Insured or administered by HumanaDental Insurance Company

This is not a complete disclosure of plan qualifications and limitations. Your broker will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.

Employer: CITY OF FORT LAUDERDALE

Group Number: 573978

Dental Plan Certificate of Insurance

Humana Insurance Company

This certificate outlines the insurance provided by the group policy. It is not an insurance policy. It does not extend or change the coverage listed in the group policy. The insurance described in this certificate is subject to the provisions, terms, exclusions and conditions of the group policy.

We will amend this certificate to conform to the minimum requirements of Florida laws. This certificate replaces any certificate previously issued under the provisions of the group policy.

This certificate contains a deductible and excess coverage provision.

If *you* should have any questions arise regarding *your* coverage, or if *you* need assistance in resolving a complaint, contact *us* at 1-800-233-4013.



Bruce Broussard
President

Humana

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Benefits

Policyholder (Employer): CITY OF FORT LAUDERDALE
Group Number: 573978
Coverage Effective Date: 01/01/2017

Summary of your benefits

This summary provides an overview of plan *benefits*. Refer to the **Your plan benefits** and **Waiting periods** provisions for detailed descriptions, including additional limitations or exclusions. Paid *benefits* are based on the *reimbursement limit*.

Dental benefits

Individual maximum benefit:

\$1,500 per year per member for Preventive, Basic and Major services.

Individual deductible:

\$100 per year per member for Basic and Major services.

Orthodontic lifetime maximum benefit:

\$1,500 per member

Preventive Services:

Benefits are paid at 100%.

1. Routine teeth cleaning (prophylaxis)
2. Topical fluoride treatment
3. Sealants
4. X-rays
5. Oral examinations
6. Harmful habits and thumb-sucking appliances
7. Emergency exam and palliative care for pain relief

Basic Services:

Benefits are paid at 80% after the deductible.

1. Fillings (amalgam and composite restorations)
2. Non-surgical extractions
3. Non-surgical residual root removal
4. Oral Surgery
5. Non-cast prefabricated crowns
6. Space maintainers
7. Partial and denture repairs
8. Periodontics (gum disease)
9. Endodontics (root canals)

Benefits

Major Services:

Benefits are paid at 50% after the *deductible*.

1. Crowns
2. Inlays and onlays
3. Removable or fixed bridgework
4. Partial or complete dentures
5. Denture relines or rebases
6. Partial and denture adjustments

Orthodontic Services:

Benefits are paid at 50%.

Please refer to the Orthodontic *services* Rider of *your* certificate to determine who is eligible for coverage under this *benefit*.

Benefits

Waiting periods

This provision describes to the *employer* the waiting period criteria that will apply to *members* before *benefits* are available for *covered services*. *Dependents* added after the effective date of the *employee* may be subject to a separate waiting period. Please call *us* for the waiting period that applies to those *dependents*.

Any *member* who is a *late applicant*, is subject to a 12-month waiting period before he or she is eligible for coverage for any *service* except Preventive *services*.

If *members* enroll timely, Major and Orthodontic *services* MAY be subject to a 12-month waiting period before they are eligible for coverage. This 12-month waiting period can be decreased by the amount of time the *member* had prior dental coverage immediately before their coverage with *us*.

If a member has continuous dental coverage without a break of more than 63 days between the termination of creditable coverage and his or her enrollment date under the policy, any period of time that was satisfied under the prior plan will be applied to the appropriate waiting periods under the policy, if any. The *employee* will then be eligible for benefits under the policy when the balance of the waiting period has been satisfied, whether the *member* is timely or a *late applicant*.

Please see *your* Summary of Benefits for waiting period provisions that are specific to *you*.

Preventive Services:

No waiting periods apply to Preventive *services*.

Basic Services:

No waiting periods apply to Basic *services*, unless *members* are *late applicants*.

If a *member* is a *late applicant*, he or she must be insured under this policy for a period of 12 continuous months before Basic *services* will be covered.

Major Services:

For Major Services, coverage is effective as follows:

Groups with fewer than 10 dental lives with no prior dental coverage, coverage is effective 12 months after the effective date of coverage.

Groups with fewer than 10 dental lives with prior dental coverage, coverage is effective on the effective date of coverage.

Groups with more than 10 dental lives with or without prior dental coverage, coverage is effective on the effective date of coverage.

For a *late applicant* added after the group's effective date under this policy, he or she MUST be insured under this policy for a period of 12 consecutive months before Major *services* will be covered.

Benefits

Orthodontic Services:

Groups with fewer than 10 dental lives with no prior orthodontia coverage, orthodontia coverage is effective 12 months after the effective date of coverage.

Groups with fewer than 10 dental lives with prior dental and orthodontia coverage, orthodontia coverage is effective on the effective date of coverage.

Groups with fewer than 10 dental lives, orthodontic coverage is effective 12 months after the effective date of the covered *member* added after the effective date of the group's Policy.

Groups with more than 10 dental lives, orthodontia coverage is effective on the effective date of coverage.

Benefits

Your plan benefits

We pay *benefits* on *covered expenses* as explained in the **How your plan works** section. *Benefits* for *covered services* explained below are limited to the *maximum benefit* shown in the **Summary of your benefits**.

Preventive services

1. Oral evaluations (periodic, limited, comprehensive and problem focused) - two per *year*.
2. Periodontal evaluations - two per *year*.
3. Cleaning (prophylaxis), including all scaling and polishing procedures – two per *year*.
4. For members age 40 and older, oral cancer screening – one per *year*.
5. Intra-oral complete series X-rays (at least 14 films, including bitewings), or panoramic X-ray – once every three years. If the total cost of periapical and bitewing X-rays exceeds the cost of a complete series of X-rays, the plan will consider these as a complete series.
6. Bitewing X-rays – two sets per *year*.
7. Other X-rays – only to diagnose specific treatment.
8. Topical fluoride treatment – provided to *dependents* age 17 and younger. *Service* is payable once per *year*.
9. Sealants – application provided to *dependents* age 14 and younger to the occlusal surface of permanent molars that are free of decay and restorations. *Service* is payable once per tooth per lifetime.
10. Fixed and removable appliances to inhibit thumb sucking and other harmful habits. Services are payable only for dependents age 15 and younger for the installation of the initial appliance. Separate adjustment expenses will not be covered.
11. Emergency care – treatment for the initial palliative care of pain and/or injury. Services include palliative procedures for treatment to the teeth and supporting structures. We will consider the service as a separate benefit only if no other service, except X-rays, is provided during the same visit.

We will not cover preventive control programs including, but not limited to, oral hygiene instructions, plaque control, take-home items, prescriptions and dietary planning.

Benefits

Basic services

1. Amalgam restorations (fillings) – limit to one per tooth in a two *year* period. Multiple restorations on one surface are considered one restoration.
2. Composite restorations (fillings) limited to one per tooth in a two *year* period. Multiple restorations on one surface are considered one restoration.
3. Recementing of inlays, onlays, crowns and bridges.
4. Repairs full or partial dentures.
5. Non-cast pre-fabricated crowns – *service* on primary teeth that cannot be adequately restored with amalgam or composite restorations.
6. Space maintainers for retaining space when a primary tooth is prematurely lost. *Services* are payable only for *dependents* age 15 and younger for the installation of the initial appliance. Separate adjustment expenses will not be covered.
7. Injection of antibiotic drugs.

Simple oral surgery services

1. Extraction - coronal remnants of a deciduous tooth.
2. Extraction - erupted tooth or exposed root.

Complex oral surgery services

1. Surgical extractions.
2. Bone Smoothing.
3. Trim or Remove over growth or non vital tissue or bone.
4. Removal of tooth or root from sinus and closing opening between mouth and sinus.
5. Surgical access of an erupted tooth.
6. Mobilization of erupted or malpositioned tooth to aid eruption; or, surgical reposition of teeth.
7. Excision or removal of benign oral cysts or tumors.
8. Bone, cartilage, or synthetic grafts.
9. General anesthesia when *medically necessary* and administered by a *dentist* in conjunction with a covered oral surgical procedure.

Benefits

No benefit is payable for:

1. Any *services* for orthognathic surgery.
2. Any *services* for destruction of lesions by any method.
3. Any *services* for tooth transplantation.
4. Any *services* for removal of a foreign body from the oral tissue or bone.
5. Any *services* for reconstruction of surgical, traumatic, or congenital defects of the facial bones.
6. Any surgical or nonsurgical treatment for any jaw joint problems, including any temporomandibular joint disorder, craniomaxillary, craniomandibular disorder or other conditions of the joint linking the jaw bone and skull; or treatment of the facial muscles used in expression and chewing functions, for symptoms including, but not limited to, headaches.
7. Any *services* generally considered to be medical services.
8. Any separate fees for pre and post operative *services*.

Periodontic services

1. Periodontal scaling and root planing, available at a maximum of once per quadrant in a three-year period.
2. Periodontal maintenance (following periodontal therapy) – procedure available twice per *year*.
3. Periodontal surgery, available at a maximum of once per quadrant in a three-year period. If more than one surgical *service* is performed on the same day, *we* will consider only the most inclusive *service* performed as a *covered service*.
4. Occlusal adjustments when performed in conjunction with periodontal surgery – available at a maximum of once per quadrant in a one-year period.

Separate fees for pre and post operative care and re-evaluation within three months are not covered.

Endodontic services

1. Root canal therapy, including root canal treatments and root canal fillings – procedure available to permanent teeth only, once per tooth in a two-year period. Any X-ray, test, laboratory, exam or follow-up care is considered integral to root canal therapy.
2. Apicoectomy - procedure available for permanent teeth only.
3. Partial pulpotomy for apexogenesis – procedure available for permanent teeth only.
4. Vital pulpotomy – procedure available for deciduous (baby) teeth only.

Benefits

Major/Prosthodontic services

1. Repairs of bridges and crowns.
2. Denture adjustments – procedure available only for adjustments done by a *dentist* other than the one providing the denture, or adjustments performed more than six months after initial installation.
3. Initial placement of laboratory-fabricated restorations when the tooth, as a result of extensive decay or traumatic injury, cannot be restored with a direct placement filling material. *Covered services* include inlays, onlays, crowns, veneers, core build-ups and posts. These *services* are covered only on permanent teeth. *We* will not cover the *expense incurred* for pin retention when done in conjunction with core build-up.
4. Initial placement of bridges, and full and partial dentures only if the functioning tooth (excluding third molars or teeth not fully in occlusion with an opposing tooth or prosthesis) was extracted while *you* are covered under this plan. *Covered expense* includes fixed bridges, removable partial dentures and full dentures. *Services* include all adjustments and relines within six months after installation and are payable only for treatment on permanent teeth. *We* will not cover replacement of congenitally missing teeth.
5. Replacement of bridges, partials, dentures, inlays, onlays, crowns or other laboratory-fabricated restorations. The existing major restoration or prosthesis can be replaced only if:
 - It has been at least five years since the prior insertion and is not, and cannot be made, serviceable;
 - It is damaged beyond repair as a result of an *accidental injury* (non-chewing injury) while in the oral cavity; or
 - Extraction of functioning teeth, excluding third molars or teeth not fully in occlusion with an opposing tooth or prosthesis, necessitates the replacement of the prosthesis.

These *services* are covered only on permanent teeth.

6. Denture relines or rebases – once in a one-year period.

We will not cover the replacement of any lost, stolen, damaged, misplaced or duplicate major restoration, prosthesis or appliance.

Benefits

Integral service

The following *services* are considered integral to the dental *service*. A separate fee for these *services* is not considered a *covered expense*.

1. Local anesthetics;
2. Bases;
3. Pulp caps;
4. Temporary dental *services*;
5. Study models/diagnostic casts;
6. Treatment plans;
7. Occlusal (biting or grinding surfaces of molar and bicuspid teeth) adjustments;
8. Nitrous oxide;
9. Irrigation;
10. Tissue preparation associated with impression or placement of a restoration.

We do not cover caries susceptibility testing, lab tests, saliva samples, anaerobic cultures, sensitivity testing or charges for oral pathology procedures.

We do not cover *services* that generally are considered to be medical *services* except those outlined in this section.

General anesthesia is not a *covered expense* unless it is a *medical necessity* and administered by a *dentist* in conjunction with covered oral surgical procedures outlined in this section. Patient management or apprehension is not considered a *medical necessity*.

Benefits

Additional benefits for newborns

If the *employee* has dependent coverage, a child born to the *employee* or any of the *employee's* covered *dependents* while this policy is in effect is covered from the moment of birth for the same *benefits* and under the same terms and conditions that are applicable for other children covered as *dependents* under the policy.

Coverage for such newborn child consists of *benefits* for *services* which are a *dental necessity* for the treatment of a *bodily injury* or *sickness*, including the necessary care and treatment of medically diagnosed congenital defects, birth abnormalities, or premature birth; and transportation costs, not to exceed \$1,000 to and from the nearest available facility appropriately staffed and equipped to treat the newborn's condition. The transportation must be certified by the attending physician as necessary to protect the health and safety of the newborn child, and is subject to the *reimbursement limit*.

Coverage for the newborn child to an *employee's* covered *dependent* terminates 18 months after the child's date of birth or according to the **Terminating coverage** provision in the certificate, whichever is earliest.

If *you* are an *employee* with single coverage currently in force, refer to the **When you are eligible for coverage** provision for information on addition *dependent* coverage.

Benefits

Limitations & exclusions (all services)

In addition to the limitations and exclusions listed in **Your plan benefits** section, this policy does not provide *benefits* for the following:

1. Any expense arising from or sustained in the course of any occupation or employment for compensation, profit or gain for which benefits are paid under any Workers' Compensation or Occupational Disease Act or Law.
2. *Services*:
 - That are free or that *you* would not be required to pay for if *you* did not have this insurance, unless charges are received from and reimbursable to the U.S. government or any of its agencies as required by law;
 - Furnished by, or payable under, any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
 - Furnished by any U.S. government-owned or operated hospital/institution/agency for any *service* connected with *sickness* or *bodily injury*.
3. Any loss caused or contributed by:
 - War or any act of war, whether declared or not, excluding terrorism;
 - Any act of international armed conflict; or
 - Any conflict involving armed forces of any international authority.
4. Any expense arising from the completion of forms.
5. *Your* failure to keep an appointment with the *dentist*.
6. Any *service* we consider *cosmetic dentistry* unless it is necessary as a result of an *accidental injury* sustained while *you* are covered under this policy. We consider the following *cosmetic dentistry* procedures:
 - Facings on crowns or pontics (the portion of a fixed bridge between the abutments) posterior to the second bicuspid;
 - Any *service* to correct congenital malformation; unless the *service* is for treatment of a covered newborn as allowed under the **Additional benefits for newborns** section of **Your plan benefits**;
 - Any *service* performed primarily to improve appearance; or
 - Characterizations and personalization of prosthetic devices.
7. Charges for:
 - Any type of implant and all related services, including crowns or the prosthetic device attached to it;
 - Precision or semi-precision attachments;
 - Overdentures and any endodontic treatment associated with overdentures;
 - Other customized attachments.

Benefits

8. Any *service* related to:
 - Altering vertical dimension of teeth;
 - Restoration or maintenance of occlusion;
 - Splinting teeth, including multiple abutments, or any *service* to stabilize periodontally weakened teeth;
 - Replacing tooth structures lost as a result of abrasion, attrition, erosion or abfraction; or
 - Bite registration or bite analysis.
9. Infection control, including but not limited to sterilization techniques.
10. Fees for treatment performed by someone other than a *dentist* except for scaling and teeth cleaning, and the topical application of fluoride that can be performed by a licensed dental hygienist. The treatment must be rendered under the supervision and guidance of the *dentist* in accordance with generally accepted dental standards.
11. Any hospital, surgical or treatment facility, or for *services* of an anesthesiologist or anesthesiologist.
12. Prescription drugs or pre-medications, whether dispensed or prescribed.
13. Any *service* not specifically listed in **Your plan benefits**.
14. Any *service* that we determine:
 - Is not a *dental necessity*;
 - Does not offer a favorable prognosis;
 - Does not have uniform professional endorsement; or
 - Is deemed to be experimental or investigational in nature.
15. Orthodontic *services* unless specified in your **Summary of your benefits**.
16. Any *expense incurred* before your effective date or after the date your coverage under this policy terminates (unless the *service* is eligible under **Extension of benefits**).
17. *Services* provided by someone who ordinarily lives in your home or who is a *family member*.
18. Charges exceeding the *reimbursement limit* for the *service*.
19. Treatment resulting from any intentionally self-inflicted injury or *bodily illness*.
20. Local anesthetics, irrigation, nitrous oxide, bases, pulp caps, temporary dental *services*, study models, treatment plans, occlusal adjustments, or tissue preparation associated with the impression or placement of a restoration when charged as a separate *service*. These *services* are considered an integral part of the entire dental *service*.
21. Repair and replacement of orthodontic appliances.
22. Any surgical or nonsurgical treatment for any jaw joint problems, including any temporomandibular joint disorder, craniomaxillary, craniomandibular disorder or other conditions of the joint linking the jaw bone and skull; or treatment of the facial muscles used in expression and chewing functions, for symptoms including, but not limited to, headaches.
23. Any non-emergent dental expenses incurred for services rendered outside of the United States.

Benefits

How your plan works

General benefit payments

We pay *benefits* for *covered expenses*, as stated in the **Summary of your benefits** and **Your plan benefits** sections, and according to any riders that are part of *your* policy. Paid *benefits* are subject to the conditions, limitations, exclusions and maximums of this policy.

After *you* receive a *service*, we will determine if it qualifies as a *covered service*. If we determine it is a *covered service*, we will pay *benefits* as follows:

1. We will determine the total *covered expense*.
2. We will review the *covered expense* against any *maximum benefits* that may apply.
3. We will determine if *you* have met *your deductible*. If *you* have not, we will subtract any amount required to fulfill the *deductible*.
4. We will make payment for the remaining eligible *covered expense* to *you* or *your dentist*, based on *your coinsurance* for that *covered service*.

Deductibles

The *deductible* is the amount that *you* are responsible to pay per year before we pay any *coinsurance* (see **Summary of your benefits**).

1. **Individual deductible:** *You* will have met the individual *deductible* when, each year, the total eligible *covered expenses* incurred reaches the individual *deductible* amount.
2. **Family deductible:** The total *deductible* that a family must pay in a year. Once met, we will waive any remaining individual *deductibles* for that year.

Coinsurance

The percentage of the *reimbursement limit* that we will pay. *Coinsurance* applies after the *deductible* is satisfied and up to the *maximum benefit*.

Waiting periods

This is the time period that certain *services* are not eligible for coverage under this policy. This begins on *your* effective date and lasts for the time shown in the **Waiting periods** provision of this certificate.

Benefit maximums

The amount we pay for *services* are limited to a *maximum benefit*. We will not make *benefit* payments that are more than the *maximum benefit* for the *covered services* shown in the **Summary of your benefits**.

Alternate services

If two or more *services* are acceptable to correct a dental condition, we will base the *benefits* payable on the *covered expenses* for the least expensive *covered service* that produces a professionally satisfactory result, as determined by us. We will pay up to the *reimbursement limit* for the least costly *covered service* and subject to any *deductible*, *coinsurance* and *maximum benefit*. *You* will be responsible for paying the excess amount.

Benefits

If *you* or *your dentist* decide on a more costly treatment than *we* determine to be satisfactory for treatment of the condition, payment will be limited to the *reimbursement limit* and will be subject to any *deductible* and *coinsurance* for the least costly treatment. *You* will be responsible for the remaining *expense incurred*.

Pretreatment plan

We suggest that if dental treatment is expected to exceed \$300, *you* or *your dentist* submit a dental *treatment plan* for *us* to review before *your* treatment. The dental *treatment plan* should consist of:

1. A list of *services* to be performed using the American Dental Association nomenclature and codes;
2. *Your dentist's* written description of the proposed treatment;
3. Supporting pretreatment X-rays showing *your* dental needs;
4. Itemized cost of the proposed treatment; and
5. Any other appropriate diagnostic materials that *we* may request.

An estimate for *services* is not a guarantee of what *we* will pay. It tells *you* and *your dentist* in advance about the *benefits* payable for the *covered expenses* in the *treatment plan*. *We* will notify *you* and *your dentist* of the *benefits* payable based on the submitted *treatment plan*.

An estimate for *services* is not necessary for *emergency* care.

Process and timing

An estimate for *services* is valid for 90 days after the date *we* notify *you* and *your dentist* of the *benefits* payable for the proposed *treatment plan* (subject to *your* eligibility of coverage). If treatment will not begin for more than 90 days after the date *we* notify *you* and *your dentist*, *we* recommend that *you* submit a new *treatment plan*.

Claims

How we pay claims

Identification numbers

You received an identification (ID) card showing *your* name, identification number and group number. Show this ID card to *your dentist* when *you* receive *services*.

Claim forms

We do not require a standard claim form to process *benefits*. When *we* receive a claim, *we* will notify *you* or *your dentist* if any additional information is needed.

Submitting claim information and proof of loss

Either *you* or the *dentist* must complete and submit to *us* all claim information for proof of loss. *We* would like to receive this information within 90 days after the *expense incurred* date; however, the claim will not be reduced or denied if it was not reasonably possible to meet the 90-day guideline. In any event, *we* will need written proof of loss notice within one year after the date proof of loss is requested, except if *you* were legally incapacitated.

Here are examples of information *we* may need (this is not a comprehensive list and only provides a few examples of the information *we* may request).

1. A complete dental chart showing:
 - Extractions;
 - Missing teeth;
 - Fillings;
 - Prosthesis;
 - Periodontal pocket depths;
 - Dates of previously performed work.
2. An itemized bill for all dental work.
3. The following exhibits:
 - X-rays;
 - Study models;
 - Laboratory and/or reports;
 - Patient records.
4. Authorizations to release any additional dental information or records.
5. Information about other insurance coverage.
6. Any information *we* need to determine *benefits*.

If *you* do not provide *us* with the necessary information, *we* will deny any related claims until *you* provide it to *us*.

Claims

Payment of the Claim

Once *we* receive all the necessary information, *we* will determine if *benefits* are available, and if they are, *we* will pay any amount due under this *policy* within 45 days of receipt of the claim. If *we* cannot process *your* claim due to lack of information, *we* will notify *you*, or whoever is claiming payment under the *policy* if it is not *you*, of the information needed within 45 days of receipt of claim. Once *we* have received the necessary information, *we* will process *your* claim within 60 days of receipt of information. *We* may pay all or a portion of any *benefit* provided for *covered expenses* to the provider unless *you* or the *covered person* has notified *us* in writing by the time the claim form is submitted.

Extension of benefits

Benefits are payable for *covered expenses* which are:

1. Recommended in writing by a *health care practitioner*;
2. Initiated while this coverage is in force and for a specific *bodily injury* or *sickness* incurred while this coverage is in force (see definition of *expense incurred date*);
3. Provided for *services* other than routine examination, prophylaxis, x-rays, sealants, or orthodontic *services*; and
4. Completed within the first 90 days following the termination date of *your* coverage, if such termination was other than voluntary.

Benefits for *covered expenses* for treatment due to such *bodily injury* or *sickness* will continue until the earliest of the following:

1. The end of the first 90 days immediately following the termination date of *your* coverage; or
2. The date a succeeding plan provides similar benefits for treatment due to such *bodily injury* or *sickness*.

These benefits are subject to the provisions and conditions of the policy.

Reasons for denying a claim

Below is a list of the most common reasons *we* cannot pay a claim. Claim payments may be limited or denied in accordance with any of the provisions contained in this certificate.

1. **Not a covered benefit:** The *service* is not a *covered service* under the certificate.
2. **Eligibility:** *You* no longer are eligible under the **Terminating coverage** section of this certificate, or the *expense incurred date* was prior to *your* effective date.
3. **Fraud:** *You* make an intentional misrepresentation by not telling *us* the facts or withhold information necessary for *us* to administer this certificate.

Insurance fraud is a crime. Anyone who willingly and knowingly engages in an activity intended to defraud *us* by filing a claim or form that contains false or deceptive information may be guilty of insurance fraud.

If a *member* commits fraud against *us*, as determined by *us*, coverage ends automatically, without notice, on the date the fraud is committed. This termination may be retroactive. *We* also will provide information to the proper authorities and support any criminal charges that may be brought. Further, *we* reserve the right to seek civil remedies available to *us*.

We will not end coverage if, after investigating the matter, *we* determine that the *member* provided information in error. *We* will adjust premium or claim payment based on this new information.

Claims

If *you* provided correct information and *we* made a processing error, *you* will be eligible for coverage and claims payment for *covered expenses*. *We* will adjust *your* premium or claim payment based on the correct information.

4. **Duplicating provisions:** If any charge is described as covered under two or more benefit provisions, *we* will pay only under the provision allowing the greater *benefit*. This may require *us* to make a recalculation based on both the amounts already paid and the amounts due to be paid. *We* have no obligation to pay for *benefits* other than those this certificate provides.

How to Challenge Our Claim Decision (Appeal Rights)

If a *covered person* disagrees with *our* decision on payment of a particular claim, the *covered person* can request a second review of the claim, also known as an appeal. To request this review, *you* must send *us* a letter requesting a second claim review within 60 days from the time *you* received notice of *our* claim payment decision. The *covered person* may also send any documents or information that are relevant to *our* decision of how to pay the claim.

Legal actions

You cannot bring a legal action to recover a claim until 60 days after the date written proof of loss is made. No action may be brought after the expiration of the applicable statute of limitations after such proof of loss is required to be given.

Claims paid incorrectly

If a claim was paid in error, *we* have the right to recover *our* payments. *We* may correct this error by an adjustment to any amount applied to the *deductible* or *maximum benefits*. Errors may include such actions as:

1. Claims paid for *services* that are not actually covered under the policy.
2. Claims payment that is more than the amount allowed under the policy.
3. Claims paid based on fraud or an intentional misrepresentation.

We may seek recovery of *our* payments made in error from anyone to, for or with respect to whom such payments were made; or any insurance companies or organizations that provide other coverage for the *covered expenses*. *We* will determine from whom *we* shall seek recovery. For information on *our* process, see the **Recovery rights** provision.

Claims

Coordinating benefits with another insurer

Benefits subject to this provision

Benefits described in this certificate are coordinated with *benefits you* receive from other plans. This prevents duplication of coverage and resulting increases in the cost of dental coverage. For purposes of this section, the following definitions apply:

1. **Plan**—A plan covers medical or dental expenses and provides *benefits* or *services* by:
 - Group, franchise or blanket insurance coverage;
 - Group-based hospital service pre-payment plan, medical service pre-payment plan, group practice or other pre-payment coverage;
 - Coverage under labor-management, employer plans, trustee plans, union welfare plans, employee benefit organization plan; and
 - Governmental programs or programs mandated by state statute, or sponsored or provided by an educational institution, if it is not otherwise excluded from the calculation of benefits under this policy.

This provision does not apply to any individual policies or blanket student accident insurance provided by or through an educational institution.

2. **Allowable expense**—Any eligible expense, a portion of which is covered under one of the plans covering the person for whom the claim is made. Each plan will determine what an eligible expense is based on the provisions of the plan. When a plan provides *benefits* in the form of *services* rather than cash payments, the reasonable cash value of each *service* rendered will be both an allowable expense and a benefit paid. An expense or *service* that is not covered by any of the plans is not an allowable expense.
3. **Claim determination period**—A *year*. If, in any *year*, a person is not covered under this policy for the entire *year*, the claim determination period will be the portion of the year in which he or she was covered under this policy.

Effect on benefits

One of the plans involved will pay *benefits* first. This is called the primary plan. Under the primary plan, *benefits* will be paid without regard to the other plan(s).

All other plans are called secondary plans. The secondary plan may reduce the *benefits* so that the total *benefits* paid or provided by all plans during a claim determination period are not more than 100 percent of the total allowable expense.

Claims

Order of benefit determination

To pay claims, it must be determined which plan is primary and which plan(s) is/are secondary. A plan will pay benefits first if it meets one of the following conditions:

1. The plan that covers the person as an *employee* submitting the claim, except when that person is also a Medicare beneficiary and Medicare is secondary to the plan covering the person as a *dependent* of an active *employee*. In that case the Order of benefit determination is:
 - The benefits of the plan covering the person as an employee, employee or subscriber is primary;
 - The benefits of the plan of an active employee covering the person as a *dependent* is secondary; and then
 - Medicare benefits.
2. For a child covered under both parents' plans, the plan covering the parent whose birthday (month and day) occurs first in the *calendar year* pays before the plan covering the other parent. If the birth dates of both parents are the same, the plan that has covered the parent for the longer period of time will be the primary plan.
3. In the case of *dependent* children covered under the plans of divorced or separated parents, the following rules apply:
 - The plan of a parent who has custody will pay benefits first.
 - The plan of a stepparent who has custody will pay benefits next.
 - The plan of a parent who does not have custody will pay benefits next.
 - The plan of a stepparent who does not have custody will pay benefits next.

A court decree may give one parent financial responsibility for the medical or dental expenses of the *dependent* children. In this case the rules stated above will not apply if they conflict with the court decree. Instead, the plan of the parent with financial responsibility will pay benefits first.
4. If a person is laid off or retired, or is a *dependent* of someone who was laid off or retired, that plan becomes the secondary plan to the plan of an active *employee*.
5. When the person is covered under a COBRA continuation plan (as provided under the Consolidation Omnibus Budget Reconciliation Act of 1987) and is also covered under another group plan, the benefits of the plan which covers the person as an *employee* or as the *employee's dependent* will be determined before the benefits of a plan covering the person as a former *employee* or as the former *employee's dependent*.

If rules 1-5 do not determine the primary plan, the plan covering the person for the longest time is the primary plan. If it still cannot be determined which plan is the primary plan, we will waive the above rules and incorporate the rules identical with those of the other plan.

Claims

Excess coverage

We will not pay benefits for any *accidental injury* if other insurance will provide payments or expense coverage, regardless of whether the other coverage is described as primary, excess or contingent. If *your* claim against another insurer is denied or partially paid, *we* will process *your* claim according to the terms and conditions of this certificate. If *we* make a payment, *you* agree to assign to *us* any right *you* have against the other insurer for dental expenses *we* pay. Payments made by the other insurer will be credited toward any applicable *coinsurance* or *calendar year deductibles*.

Coordinating benefits with Medicare

Coordinating benefits with Medicare will conform to federal statutes and regulations in all instances.

If *you* are eligible for Medicare benefits, whether enrolled or not, *your benefits* under this plan will be coordinated to the extent *benefits* are paid or would have been payable under Medicare as allowed by federal statutes and regulations. Medicare means Title XVIII, Parts A and B, of the Social Security Act, as enacted or amended.

Right of recovery

We reserve the right to recover *benefit* payments made for an allowable expense under this plan in the amount that exceeds the maximum amount *we* are required to pay under these provisions. This applies to us against:

1. Anyone for whom *we* made such payment.
2. Any insurance company or organization that, according to these provisions, owes *benefits* for the same allowable expense under any other plan.

Right to necessary information

We may require certain information to apply and coordinate these provisions with other plans. We will, without *your* consent, release to or obtain information from any insurance company, organization or person to implement this provision. *You* agree to furnish any information *we* need to apply these provisions.

Claims

Recovery rights

Your obligation in the recovery process

We have the right to collect *our* payments made in error. *You* are obligated to cooperate and assist *us* and *our* agents to protect *our* recovery rights by:

1. Obtaining *our* consent before releasing any party from liability for payment of dental expenses.
2. Providing *us* with a copy of any legal notices arising from *your* injury and its treatment.
3. Assisting *our* enforcement of recovery rights and doing nothing to prejudice *our* recovery rights.
4. Refraining from designating all (or any disproportionate part) of any recovery as exclusively for “pain and suffering.”

If *you* fail to cooperate, *we* will collect from *you* any payments *we* made.

Right of subrogation

You agree to transfer any rights to *us* that *you* have to recover any expenses paid under this policy. *We* will be subrogated to these recovery rights from any funds paid or payable.

We may enforce *our* subrogation rights by asserting a claim to any coverage to which *you* may be entitled. If *we* are precluded from exercising *our* subrogation rights, *we* may exercise *our* right of reimbursement.

Right of reimbursement

If *we* pay *benefits* and *you* later recover payment from the liable party, *we* have the right to recover from *you* the amount *we* paid. *You* must notify *us* in writing within 31 days of any settlement, compromise or judgment. If *you* waive or impair *our* right to reimbursement, *we* will suspend payment of past or future *services* until all outstanding lien(s) are resolved.

If *you* recover payments from and release any legally responsible party from future expenses relating to a *sickness* or *bodily injury*, *we* have a continuing right to seek reimbursement from *you*. This right, however, will apply only to the extent allowed by law. This reimbursement obligation exists regardless of whether a settlement, compromise or judgment designates that the recovery includes or excludes dental expenses.

Assignment of recovery rights

If *your* claim against the other insurer is denied or partially paid, *we* will process the claim according to the terms and conditions of this policy. If *we* make payment on *your* behalf, *you* agree that any right for expenses *you* have against the other insurer for expenses *we* pay will be assigned to *us*.

If *benefits* are paid under this policy and *you* recover under any automobile, homeowners, premises or similar coverage, *we* have the right to recover from *you* an amount equal to the amount *we* paid.

Claims

Limitations to recovery rights

Any such Right of Subrogation or Reimbursement provided to *us* under this policy shall not apply or shall be limited to the extent that the Florida Statutes or the Courts of Florida eliminate or restrict such rights.

Workers' compensation

If *we* pay *benefits* but determine that the *benefits* were for the treatment of *bodily injury* or *sickness* that arose from or was sustained in the course of any occupation or employment for compensation, profit or gain, *we* have the right to recover that payment. *We* will exercise *our* right to recover against *you*.

The recovery rights will be applied even though:

1. The Workers' Compensation benefits are in dispute or are made by means of settlement or compromise;
2. No final determination is made that *bodily injury* or *sickness* was sustained in the course of, or resulted from, *your* employment;
3. The amount of Workers' Compensation due to medical or health care is not agreed upon or defined by *you* or the Workers' Compensation carrier; or
4. Medical or health care benefits are specifically excluded from the Workers' Compensation settlement or compromise.

You agree that, in consideration for the coverage provided by the policy, *we* will be notified of any Workers' Compensation claim that *you* make, and *you* agree to reimburse *us* as described above.

Eligibility

Definitions

The following terms are used in this section:

Late applicant: If you enroll or are enrolled more than 31 days after *your* eligibility date or *special enrollment date*, you will be considered a *late applicant* and *your benefits* will only cover Preventive services for the first 12 months of coverage.

Special enrollment date means:

- The date of change in family status after the initial eligibility date as follows:
 - Date of marriage;
 - Date of divorce;
 - Date specified in a Qualified Medical Child Support Order (QMCSO);
 - Date specified in a National Medical Support Notice (NMSN);
 - Date of birth of a natural born child; or
 - Date of adoption of a child or date of placement of a child with the *employee* for the purpose of adoption; or
- The date of termination of coverage under a group dental plan or other dental insurance coverage, as specified under the "Special Enrollment" provision.

Eligibility date

Employee eligibility date

The *employee* is eligible for coverage on the date:

- The eligibility requirements stated in the Employer Group Application, or as otherwise agreed to by *us* and the *policyholder*, are satisfied; and
- The *employee* is in an *active status*.

Dependent eligibility date

Each *dependent* is eligible for coverage on:

- The date the *employee* is eligible for coverage, if he or she has *dependents* who may be covered on that date;
- The date of the *employee's* marriage for any *dependents* (spouse or child) acquired on that date;
- The date of birth of the *employee's* natural-born child;
- The date of placement of the child for the purpose of adoption by the *employee*; or
- The date a foster child is placed in the *employee's* home;

Eligibility

- The date any child for whom the *employee* is the legal guardian, who is dependent on the *employee* for health care coverage pursuant to a valid court order, or who lives with the *employee* in a normal parent-child relationship and qualifies for the dependent exemption as defined in the Internal Revenue Code and Federal Tax Regulations. *We* have the right to request proof of the child's dependency status at any time; or
- The date specified in a Qualified Medical Child Support Order (QMCSO) or National Medical Support Notice (NMSN) for a child, or a valid court or administrative order for a spouse, which requires the *employee* to provide coverage for a child or spouse as specified in such orders.

The *employee* may cover his or her *dependents* only if the *employee* is also covered.

A *dependent* child who enrolls for other group coverage through any employment is no longer eligible for group coverage under the policy. If a *dependent* child becomes an *employee* of the *employer*, he or she is no longer eligible as a *dependent* and must make application as an eligible *employee*.

Employee enrollment

The *employee* must enroll as agreed by the *policyholder* and *us*. Depending on the total number of *employees* covered by the *employer's policy*, *we* may require any *employee* to provide evidence of health status whenever enrolling as permitted by laws, rules, or regulations.

If the *employee* enrolls more than 31 days after the *employee's eligibility date* or more than 31 days after the *employee's special enrollment date*, the *employee* is a *late applicant*.

Dependent enrollment

Check with the *employer* immediately on how to enroll for *dependent* coverage. The *employee* must enroll for *dependent* coverage and enroll additional *dependents* as agreed by the *policyholder* and *us*.

Depending on the total number of *employees* covered by the *employer's policy*, *we* may require any *dependent* to provide evidence of health status whenever enrolling as permitted by laws, rules, or regulations.

A *dependent* enrolled more than 31 days after the *dependent's eligibility date* or the *special enrollment date* will be a *late applicant*.

Newborn dependent enrollment

An *employee* who already has *dependent* child coverage in force prior to the newborn's date of birth is not required to complete an enrollment form for the newborn child. However, the *employee* must notify *us* of the birth.

An *employee* who does not have *dependent* child coverage must enroll the newborn *dependent*, as agreed by the *policyholder* and *us*, within 31 days after the date of birth.

Newborn dependent effective date

- If *we* receive enrollment on, prior to, or within 2 years of the newborn's date of birth, *dependent* coverage is effective on the first of the month following receipt of the enrollment.

Eligibility

- If we receive enrollment between 2 years and 2 years and 31 days after the newborn's date of birth, *dependent* coverage is effective on the child's second birth date.
- If we receive enrollment more than 2 years and 31 days after the newborn's date of birth, the newborn is considered a *late applicant*.

Foster Child effective date

Coverage for a foster child or a child otherwise placed in the *employee* or covered spouse's custody by a court order, prior to the child's eighteenth birthday, will be provided from the date of placement if, on the date of placement, the *employee* had dependent coverage. No coverage will be provided under this provision for the child who is not ultimately placed in the *employee's* home. For a child in the *employee's* custody, coverage will terminate the date the *employee* no longer has legal custody.

Special Enrollment

Loss of other coverage

If you are an employee or dependent who was previously eligible for coverage under the policy and had waived coverage, you may be eligible for *special enrollment* under the policy.

You will not be considered a late applicant, if the following applies:

- You declined enrollment under the policy at the time of initial enrollment because:
 - You were covered under a group dental plan at the time of eligibility and your coverage terminated as a result of:
 - Termination of employment or eligibility;
 - Reduction in number of hours of employment;
 - Divorce, legal separation or death of a spouse; or
 - Termination of your employer's contribution for the coverage; or
 - You had COBRA continuation coverage under another plan at the time of eligibility and such coverage has since been exhausted; and
 - You stated, at the time of initial enrollment, that coverage under the group dental plan, or COBRA continuation was your reason for declining enrollment; and
 - You were covered under an alternate plan provided by the employer and you are replacing coverage with the policy;
- You apply for coverage within 31 days after termination of coverage under the group dental plan or COBRA.

Dependent special enrollment period

The *dependent* Special Enrollment Period is a 31-day period from the *special enrollment date*.

If *dependent* coverage is available under the *employer's policy* or added to the *policy*, an *employee* who is a *covered person* can enroll eligible *dependents* during the Special Enrollment Period. An *employee*, who is otherwise eligible for coverage and had waived coverage under the *policy* when eligible, can enroll himself/herself and eligible *dependents* during the Special Enrollment Period. The *employee* or *dependent* enrolling within 31 days from the *special enrollment date* will not be considered a *late applicant*.

Eligibility

Effective date

Employee effective date

The *employee's effective date* provision is stated in the Employer Group Application. It may be the date immediately following, or the first of the month following, completion of the waiting period or the *special enrollment date*.

If the *employee* enrolls more than 31 days after his or her *eligibility date* or *special enrollment date*, he or she is a *late applicant*. The *effective date* of coverage will be the first of the month following the receipt of the enrollment form.

Employee delayed effective date

If the *employee* is not in *active status* on the *eligibility date*, coverage will be effective the day after the *employee* returns to *active status*. The *employer* must notify *us* in writing of the *employee's* return to *active status*.

Dependent effective date

The *dependent's effective date* will be determined as follows:

- If we receive enrollment on, prior to, or within 31 days of the *dependent's eligibility date* that *dependent* is covered on the date he or she is eligible.
- If we receive enrollment on, prior to, or within 31 days of the *dependent's special enrollment date*, that *dependent's* coverage is effective on the *special enrollment date*.
- If we receive enrollment more than 31 days after the *dependent's eligibility date*, or the *special enrollment date*, that *dependent* is considered a *late applicant*. The *effective date* of coverage will be the first of the month following the receipt of the enrollment form.

However, no *dependent's effective date* will be prior to the *employee's effective date* of coverage.

Benefit changes

Benefit changes will become effective on the date specified by *us*.

Incontestability: After *you* have been insured for two years, *we* cannot contest the validity of coverage except for nonpayment of premium. Absent of fraud, all statements made by *you* will be deemed representations and not warranties. Statements *you* make cannot be contested unless they are in writing with *your* signature. A copy of the form must then be given to *you*.

Eligibility

Retired employee coverage

Retired employee eligibility date

Retired *employees* are an eligible class of *employees* if requested on the Employer Group Application and if approved by *us*. An *employee* who retires while insured under this *policy* is considered eligible for retired *employee* dental coverage on the date of retirement if the eligibility requirements stated in the Employer Group Application are satisfied.

Retired employee enrollment

Notification of the *employee's* retirement must be submitted to *us* by the *employer* within 31 days of the date of retirement. If *we* receive the notification more than 31 days after the date of retirement, *you* will be considered a *late applicant*.

Retired employee effective date

The *effective date* of coverage for an eligible retired *employee* is the date of retirement for an *employee* who retires after the date *we* approve the *employer's* request for a retiree classification, provided *we* receive notice of the retirement within 31 days. If *we* receive notice more than 31 days after retirement, the *effective date* of coverage will be the date *we* specify.

Retired employee benefit changes

Additional or increased insurance or a decrease in insurance will become effective on the approved date of change.

Eligibility

Terminating coverage

Your insurance coverage may end at any time, as stated below and in the **Employer Group Application**. Coverage terminates on the earliest of the following events:

1. Termination date listed in the policy;
2. Failure to pay premium by the required due date;
3. The date the *employer* stops participating in the policy;
4. The date *you* enter the military fulltime;
5. When *you* no longer are eligible for coverage as outlined in the **Employer Group Application**;
6. *You* terminate employment with the *employer*;
7. For a *dependent*, the date the *employee's* insurance terminates;
8. For a *dependent*, the date he/she no longer meets the definition of a *dependent*;
9. The date an *employee* requests that insurance be terminated for the *employee* and/or *dependents*;
10. An *employee's* retirement date unless the **Employer Group Application** provides coverage for retirees; or
11. For any *benefit* that may be deleted from the policy, the date it is deleted.

Special provisions for active status

If the *employer* continues coverage under this policy, *your* coverage remains in force for no longer than:

1. Three consecutive months if the *employee* is temporarily laid off, in part-time status or on approved non-medical leave of absence; or
2. Six consecutive months if the *employee* is *totally disabled*.

If this coverage terminates and the *employee* returns to an *active status*, the *employee* will be considered a new *employee* and must re-enroll for insurance coverage.

Continuation of coverage during military leave

An *employee* called to active duty or state active duty is eligible for continuation if they are:

1. A member of the Florida National Guard; or
2. A Florida resident and a member of any branch of the United States military reserves.

Any *employee's dependents* who have coverage under this plan immediately prior to the date of the *employee's* covered absence are also eligible to elect continuation.

You or an appropriate military authority, must notify *your employer* of *your* intent to continue coverage under this section. Notification must occur prior to reporting to active duty or state active duty, unless such notice is precluded by military necessity or if such notice is impossible or unreasonable.

Coverage available under any insurance sponsored by the Department of Defense will be coordinated with *benefits* available under this plan, as allowed by the Department of Defense.

Premium payment

If continuation coverage is elected under this section, coverage will have the same premium in effect as for other *members* under this same plan, unless the *employee* requests coverage changes that might alter the premium in effect prior to such activation.

Eligibility

Reinstatement

We will reinstate coverage for the *members* who elected not to continue coverage under this plan while on active duty or state active duty:

1. After receipt of that person's request for reinstatement upon return from active duty or state active duty; and
2. If reinstatement is requested within 30 days after returning to work with the same *employer*.

Upon reinstatement of coverage, no additional waiting period will be applied for any condition that existed at the time the *member* was called to active duty or state active duty.

Other information

Employees should contact their *employer* with any questions regarding coverage normally available during a military leave of absence or continuation coverage and notify the *employer* of any changes in marital status, or a change of address.

Eligibility

Replacement provisions

Applicability: This provision applies only if:

1. *You* are eligible for dental coverage on *your employer's* effective date under this policy; and
2. *You* were covered on the final day of coverage on *your employer's* previous group dental plan (Prior Plan).

Delayed effective date: *We* will waive the Delayed Effective Date provision if it applies to *you* when *you* would otherwise be eligible for dental coverage on *your employer's* effective date under this policy.

Dental coverage is then provided to *you* until the date *your* dental coverage would otherwise terminate according to the **Terminating coverage** provision stated in the certificate.

If *you* satisfy the Delayed Effective Date provision before either of these dates, *your* dental coverage will continue uninterrupted.

Deductible amount: Any *expense incurred* while *you* were covered under the Prior Plan may be used to satisfy *your deductible* amount under this dental plan. These expenses must qualify as *covered expenses* that would have been applied to the *deductible* amount for the *year* that this dental plan becomes effective.

Prior plan extension of benefits: Any *benefits* that *you* are entitled to receive during an extension period under *your* Prior Plan are not considered payable *benefits* under this plan.

Teeth extracted prior to effective date: *We* will not pay for a prosthetic device to replace any teeth lost before *you* became insured under this plan unless the device also replaces one or more natural teeth lost or extracted after *you* became insured under this plan.

Modification of policy

This plan may be modified at any time by agreement between *us* and the *policyholder* without the consent of any *member*. Modifications will not be valid unless approved by *our* president, vice president, secretary or other authorized officer. The approval must be endorsed on, or attached to, the policy. No agent has the authority to modify the policy, waive any of the policy provisions, extend the time for premium payment, make or alter any contract, or waive any of the Company's other rights or responsibilities.

Disclosures

Discount/access disclosure

From time to time, *we* may offer or provide *you* with access to discount programs. In addition, *we* may arrange for third-party service providers such as optometrists, *dentists* and laboratories to provide *you* with discounts on goods and *services*.

Who has responsibility for these discounts?

Although *we* have arranged for third parties to offer discounts on these goods and *services*, these discount programs are not insured benefits under this certificate. The third-party providers are solely responsible for providing the goods and/ or *services*. *We* are not responsible for any goods and/ or *services* nor are *we* liable if vendors refuse to honor such discounts. Further, *we* are not liable for the negligent provision of such goods and/ or *services* by third-party service providers.

Discount programs may not be available to people who "opt out" of marketing communications, or where otherwise restricted by law.

Shared Savings

Shared savings program

We have a Shared Savings Program that provides *you* with savings when *we* obtain discounts from *dentists*. When *we* are able to obtain these discounts, *your deductible* and *coinsurance* will be calculated at the discounted amount.

You do not need to inquire in advance about a *dentist's* status. When processing *your* claim, *we* automatically will determine if the *dentist* was participating in the program at the time treatment was provided, and *we* will calculate *your deductible* and *coinsurance* on the discounted amount. *Your* Explanation of Benefits statement will reflect any savings received.

However, *you* may inquire in advance to determine if a *dentist* participates in the Shared Savings Program by calling 1-800-233-4013. *Dentist* arrangements in the Shared Savings Program change constantly. *We* cannot guarantee that a *dentist* who is in the Shared Savings Program at the time of *your* inquiry will still be in the program at the time treatment is received. Discounts depend on availability on a claim by claim basis. Therefore, availability and discount amounts cannot be guaranteed.

We make no representations about the *dentists* participating in the Shared Savings Program. Additionally, *we* reserve the right to modify, amend or discontinue the Shared Savings Program at any time.

Definitions

Accidental injury: Damage to the mouth, teeth and supporting tissue due directly to an accident. It does not include damage to the teeth, appliances or prosthetic devices that results from chewing or biting food or other substances.

Active status: The *employee* performs all of his or her duties on a regular full-time basis for the required number of hours per week shown on the employer's group application, for 48 weeks per year. *Active status* applies to *employees* whether they perform their duties at the *employer's* business establishment or at another location when required to travel for job purposes; on each regular paid vacation day; and any regular non-working holiday if the *employee* is not *totally disabled* on his or her effective date of coverage. An *employee* is considered in *active status* if he or she was in *active status* on his or her last regular working day.

Benefit: The amount payable in accordance with the provisions of this plan.

Bodily injury: An injury due directly to an accident.

Coinsurance: The percent of *covered expense* that is payable as *benefits* after the *deductible* is satisfied, up to the *maximum benefit*. The applicable *coinsurance* percentage rate is shown in the **Summary of your benefits**.

Cosmetic dentistry: *Services* provided by a *dentist* primarily for the purpose of improving appearance.

Covered expense: The *reimbursement limit* for a *covered service*.

Covered service: A *service* considered a *dental necessity*, *medical necessity* or routine Preventive *service* that is:

1. Ordered by a *dentist*;
2. For the *benefits* described, subject to any *maximum benefit*, as well as all other terms, provisions, limitations and exclusions of the policy; and
3. Incurred when a *member* is insured for that *benefit* under the policy on the *expense incurred date*.

Deductible: The amount of *covered expenses* you must incur and pay before we pay *benefits*.

Dental necessity: The extent of care and treatment that is the generally accepted, proven and established practice by most *dentists* with similar experience and training. Such care and treatment must use the least costly setting or procedure required by the patient's condition, and must not be provided primarily for the convenience of the patient or the *dentist*. To determine *dental necessity*, we may require preoperative dental X-rays and other pertinent information to determine if *benefits* are payable for the *service* submitted.

Dentist: An individual who is duly licensed to practice dentistry or perform oral surgery and is acting within the lawful scope of his or her license.

Definitions

Dependent: A covered *employee's*:

1. Lawful spouse; and
2. Natural blood related child, stepchild, foster child or legally adopted child whose age is less than the limiting age. Each child must qualify as a dependent as defined by the U.S. Internal Revenue Code. This child must receive at least 50 percent support and maintenance from the covered *employee*; or
3. Covered *dependent's* newborn child. Coverage for such child terminates 18 months after the date of birth or the date as determined by the **Terminating coverage** provision, whichever is earlier.

The limiting age for each *dependent* child is:

1. The child's 26 birthday; or
2. The end of the calendar year the child reaches 26, if such child is dependent upon the employee for support and:
 - Living in the household of the employee; or
 - In regular full-time or part-time attendance at an accredited secondary school, college or university. A *dependent* continues to be eligible for coverage for up to four months after the close of a school term only if enrolled as a full-time or part-time student for the next school term.

A covered *dependent* child who becomes an *employee* eligible for other group coverage no longer is eligible for coverage under this *policy*.

A covered *dependent* child who reaches the limiting age while insured under this policy remains eligible for dental expense *benefits* if:

1. Mentally or physically disabled;
2. Incapable of self-sustaining employment;
3. Dependent on the covered *employee* for at least 50 percent of support and maintenance.

If a claim is denied, *you* must furnish satisfactory proof to *us* that the above conditions continuously existed on and after the date the limiting age was reached. *We* may not request proof more often than annually after two years from the date the first proof was furnished. If *we* do not receive satisfactory proof, the child's coverage ends on the date proof is due.

Emergency: A sudden, serious dental condition caused by an accident or dental disease that, if not treated immediately, would result in serious harm to the dental health of the *member*. Coverage for an *emergency* is limited to *palliative* care only.

Employee: The person who is regularly employed and paid a salary or earnings and is in *active status* at the *employer's* place of business. If the *employer* is a union, the *employee* must be in good standing and eligible for insurance according to the union's rules of eligibility.

Definitions

Employer: The *policyholder* of the **Group Insurance Plan**, or any subsidiary described in the **Employer Group Application**.

Expense incurred: The amount *you* are charged for a *service*.

Expense incurred date: The date on which:

1. The teeth are prepared for fixed bridges, crowns, inlays or onlays;
2. The final impression is made for dentures or partials;
3. The pulp chamber of a tooth is opened for root canal therapy;
4. Periodontal surgery is performed;
5. The *service* is performed for *services* not listed above.

Family member: Anyone related to *you* by blood, marriage or adoption.

Health care practitioner: Someone who is professionally licensed by the appropriate state agency to diagnose or treat a *bodily injury* or *sickness*, and who provides *services* within the scope of that license. A *health care practitioner's* services are not covered if he/she lives in *your* home or is a *family member*.

Late applicant: An *employee* or an *employee's* eligible *dependent* who enrolls or is enrolled for dental coverage more than 31 days after his/her eligibility date.

Maximum benefit: The maximum amount that may be payable for each *member* for *covered services*. The applicable *maximum benefit* is shown in the **Summary of your benefits**. No further *benefits* are payable after the *maximum benefit* is reached.

Maximum family deductible: The total *deductible* applied to one family in a *year*, as defined on the **Summary of your benefits**.

Medical necessity/ medically necessary: The extent of services required to diagnose or treat a *bodily injury* or *sickness* that is known to be safe and effective by most *health care practitioners* who are licensed to diagnose or treat that *bodily injury* or *sickness*. Such *services* must be:

1. The least costly setting procedure required by *your* condition;
2. Not provided primarily for the convenience of *you* or the *health care practitioner*;
3. Consistent with *your* symptoms or diagnosis of the *sickness* or *bodily injury* under treatment;
4. Furnished for an appropriate duration and frequency in accordance with accepted medical practices, and appropriate for *your* symptoms, diagnosis, or *sickness* or *bodily injury*; and
5. Substantiated by the records and documentation maintained by the provider of *service*.

Member: *Employees* and/or their covered *dependents*.

Palliative: Treatment used in an *emergency* to relieve, ease or alleviate the acute severity of dental pain, swelling or bleeding. *Palliative* treatment usually is performed for, but not limited to, the following acute conditions:

1. Toothache;
2. Localized infection;
3. Muscular pain; or
4. Sensitivity and irritations of the soft tissue.

Definitions

Services are not considered *palliative* when used in association with any other *covered services* except X-rays and/or exams.

Policyholder: The legal entity named on the face page of the policy.

Reimbursement limit is the maximum allowable fee for a *covered service*. It is the lesser of:

1. The fee most often charged in the geographical area where the *service* was performed;
2. The fee most often charged by the provider;
3. The fee that is recognized as reasonable by a prudent person;
4. The fee determined by comparing charges for similar *services* to a national database adjusted to the geographical area where the *services* or procedures were performed;
5. At *our* choice the fee determined by using a national Relative Value Scale. Relative Value Scale means a methodology that values procedures and *services* relative to each other that includes, but is not limited to, a scale in terms of difficulty, work, risk, as well as the material and outside costs of providing the *service*, as adjusted to the geographic area where the *services* or procedures were performed;
6. In the case of *services* rendered by providers with whom *we* have agreements, the fee that *we* have negotiated with that provider;
7. The fee based on a percentage of the fee Medicare allows for the same or similar *services* provided in the same geographic area.

Charges billed by a provider that exceed the *reimbursement limit* will not apply to the *member's deductible* or *coinsurance*.

Services: Procedures, surgeries, exams, consultations, advice, diagnosis, referrals, treatment, tests, supplies, drugs, devices or technologies.

Sickness: A disturbance in function or structure of *your* body causing physical signs or symptoms that, if left untreated, will result in deterioration of your health.

Total disability/totally disabled: An *employee* or employed covered spouse who, during the first 12 months of a disability, is prevented by *bodily injury* or *sickness* from performing material and substantial duties of his or her respective job or occupation. After 12 months, *total disability/totally disabled* means the person is prevented by *bodily injury* or *sickness* from engaging in any paid job or occupation that he/she is reasonably qualified or trained.

For any *member* who is not employed, *total disability* means a disability preventing him/her from performing the usual and customary activities of someone in good health of the same age and gender.

Treatment plan: A written report on a form satisfactory to us and completed by the *dentist* that includes:

1. A list of the services to be performed, using the American Dental Association nomenclature and codes;
2. *Your dentist's* written description of the proposed treatment;
3. Supporting pretreatment x-rays showing *your* dental needs;
4. Itemized cost of the proposed treatment; and
5. Any other appropriate diagnostic materials as requested by *us*.

We, us and our: The insurance company as shown on the cover page of this certificate.

Definitions

Year means the period of time which begins on any January 1st and ends on the following December 31st. When *you* first become covered by the *policy*, the first *year* begins for *you* on the effective date of *your* insurance and ends on the following December 31st.

You and your: Any covered *employee* and/or *dependent(s)*.

Supplemental dental expense benefit

Orthodontic services

This Supplemental Dental Expense Benefit is part of the certificate. The benefits outlined will be effective the latter of:

1. The effective date of *your* certificate; or
2. Completion of any applicable *waiting period*.

Please refer to the Waiting Periods provision to verify if an orthodontic *waiting period* applies to *you*.

We pay benefits based on *our reimbursement limits* and *your orthodontic maximum benefit*. Except as modified below, all plan terms, conditions and limitations apply.

Covered services for orthodontia treatment

Covered services for orthodontic treatment include those that are:

1. For the treatment of--and appliances for--tooth guidance, interception and correction; and
2. Related to covered orthodontic treatment including:
 - X-rays;
 - Exams;
 - Space regainers; and/or
 - Study models.

How benefits will be paid if treatment begins after you are eligible for orthodontic benefits with us.

In order to have the full orthodontic treatment be considered for *benefits* under this plan, bands and appliances must be inserted after:

1. *Your* effective date under this plan; and
2. Exhaustion of any orthodontic *waiting period*.

If *services* are eligible under this plan at the time orthodontic appliances or bands are initially inserted, *we* will pay the lesser of:

1. 25 percent of the total *treatment plan* charge;
2. 25 percent of the total *maximum benefit* payable; or
3. The *dentist's* initial fee.

We will pay the remaining installments at the end of each quarter while *you* are covered for orthodontic benefits under this plan. If for any reason the *treatment plan* is terminated before treatment is completed, *we* will not pay further *benefits*.

Supplemental dental expense benefit

How benefits will be paid if treatment was started before you were eligible for orthodontic benefits with us.

Services for orthodontic treatment received prior to *your* effective date, or prior to exhaustion of the orthodontic *waiting period*, are not *covered services*.

Benefits are available only for the portion of the treatment after:

1. *Your* effective date under this plan; and
2. Exhaustion of any orthodontic *waiting period*.

Benefits will be prorated to account for the portion of treatment completed prior to orthodontic eligibility.

Additionally, if *you* had orthodontic coverage under *your* prior dental plan, any benefits paid by *your* prior plan, will be applied to the Orthodontic Lifetime Maximum Benefit of this plan.

To obtain more information about *your* coverage, please feel free to contact our Customer Service Department at:

Humana Insurance Department
1100 Employers Blvd
Green Bay, WI 54344
1-800-233-4013



Bruce Broussard
President

Composite rider

Humana Insurance Company

Change in plan rider: Coverage for Resin-based Composite Restorations

Your certificate is amended to include this plan rider. The effective date of the rider is the latter of the effective date of *your* certificate or the date this rider is added to *your* certificate. *Benefits* are subject to all policy terms, conditions and limitations.

The following Resin-based Composite restoration benefit is added to *your* certificate as follows:

Resin-based Composite restorations (fillings) on molar and bicuspid teeth are covered and will be a payable filling under basic services. Multiple restorations on one surface are considered one restoration. Limited to once per tooth in a two year period.



Bruce Broussard
President

Domestic partners

Change in plan rider:

Coverage for domestic partners

Your certificate is amended to include this plan rider. The effective date of the rider is the latter of the effective date of *your* certificate or the date this rider is added to *your* certificate. *Benefits* are subject to all policy terms, conditions and limitations.

The following definitions are added to *your* certificate:

Domestic partners: The *employee* and another individual of the same or opposite sex who:

1. Cohabit;
2. Have an exclusive mutual commitment to be jointly responsible for each other's common welfare and share financial obligations;
3. Are not related by blood to a degree of closeness that would prohibit legal marriage in the state where they legally live;
4. Are not married to, or legally separated from, anyone else;
5. Are not in another domestic partnership; solely to obtain insurance coverage;
6. Are not in this domestic partnership solely to obtain insurance coverage;
7. Are both at least age 18 and competent to consent to contract; and
8. Have filed registration of a Declaration of Domestic Partnership, or its equivalent, in the city, county or state where they live, if it offers the ability for registration. If registration of a Declaration of Domestic Partnership or its equivalent is not available in *your* city, county or state, *we* reserve the right to require an affidavit from the domestic partners attesting that the above requirements are met.

We may periodically request that *you* furnish satisfactory proof to *us* that the requirements of domestic partners continue to be met. Domestic partners are subject to all terms and provisions of the certificate including, but not limited to, all eligibility requirements and termination provisions. *Your* domestic partner may be identified as a spouse on identification cards or the certificate, however, *your* domestic partner and *your* domestic partner's dependent child(ren) are not eligible for COBRA or state continuation.

Domestic partner's dependent child: Any child:

1. Who lives with the domestic partner in a parent/child relationship;
2. Who is the domestic partner's unmarried natural blood related child, stepchild or legally adopted child;
3. Who is younger than the limiting age of a *dependent* child;
4. Who is primarily dependent upon the domestic partner for support;
5. Who is not covered by any other dental plan; and
6. Who is not entitled to coverage through another dental plan because of a Qualified Medical Child Support Order.

Domestic partners

A domestic partner's dependent child(ren) are subject to all terms and provisions of the certificate including, but not limited to, all eligibility requirements and termination provisions.

When you are eligible for coverage

In addition to the **Dependent coverage, Eligibility date** section in *your* certificate, the following applies to domestic partners and any domestic partner's dependent child(ren):

1. For the *employee's* domestic partner, the eligibility date will be the earlier of:
 - The date of registration of the Declaration of Domestic Partnership; or
 - The date the *employee* submits to the *employer* or *us* an affidavit attesting that a domestic partnership exists and all requirements of the definition of domestic partner are met.
2. For a domestic partner's dependent child(ren):
 - The eligibility date of the *employee's* domestic partner for any domestic partner's dependent child(ren) acquired on that date; or
 - The date the child meets the definition of a domestic partner's dependent child.

The effective date of a domestic partner's dependent child will not be before the effective date of the *employee's* domestic partner.

Terminating coverage

In addition to the **Terminating coverage** provision in *your* certificate, the following applies to domestic partners and any domestic partner's dependent child(ren).

The *employee's* domestic partner and any dependent child(ren) allowed eligibility will terminate on:

1. The date one of the domestic partners dies.
2. The date one of the domestic partners marries.
3. The earliest of the following:
 - The date one domestic partner gives or sends to the other partner a written notice that he or she is terminating the domestic partnership;
 - The date the *employee* submits to the *employer* notification to terminate the domestic partnership;

Domestic partners

- The date indicated on the Notice of Termination of Domestic Partnership or its equivalent, as filed in the city, county or state where the domestic partners live if it offers the ability to terminate a domestic partnership;
- The date any of the requirements of the domestic partner definition is not met; or
- For any domestic partner's dependent child(ren), the date any of the requirements of domestic partner's dependent child(ren) definition is not met.

The coverage of any domestic partner's dependent child(ren) will terminate upon termination of the *employee's* domestic partner.



Bruce Broussard
President

Change in Plan Rider: Coverage for Open Enrollment

Your certificate is amended to include this plan rider. The effective date of the rider is the latter of the effective date of *your* certificate or the date this rider is added to *your* certificate. *Benefits* are subject to all policy terms, conditions and limitations, including waiting periods.

Open enrollment period

The open enrollment period is the annual period during which eligible *employees* may apply for coverage for themselves and their eligible *dependents* as outlined in the **Employer Group Application** (see your employer for details).

To enroll for coverage

The *employee* must complete the enrollment/change form provided by *us*, carefully listing each person to be covered. Enrollment during the open enrollment period will be allowed if *we* receive the completed forms within the open enrollment period. Any reference to *late applicants* within the Eligibility section of *your* certificate and/or Policy is removed. *Late applicants* are not eligible for coverage, and must wait until the following open enrollment periods to apply.

When you are eligible for coverage section in your certificate is amended as follows:

The eligibility date of coverage is amended as follows:

Employee coverage:

The *employee* is eligible for coverage on the date:

1. The eligibility requirements stated in the Employer Group Application, or as otherwise agreed to by *us* and the *policyholder*, are satisfied;
2. The *employee* is in an *active status*, or;
3. The employer's annual anniversary date.

Dependent coverage:

Each *dependent* is eligible for coverage on the date:

1. The *employee* is eligible for coverage, if he or she has *dependents* who may be covered on that date;
2. Of the *employee's* marriage for any *dependents* (spouse or child) acquired on that date;
3. Of birth of the *employee's* natural-born child;
4. Of placement of the child for the purpose of adoption by the *employee*; Coverage shall begin from the moment of birth, if a written agreement to adopt such child has been entered into by the *employee* prior to the birth of such child, whether or not the agreement is enforceable;

5. The date a child under age 18 is placed in the *employee's* home as a foster child;
6. Specified in a Qualified Medical Child Support Order (QMCSO) or National Medical Support Notice (NMSN) for a child, or a valid court or administrative order for a spouse, which requires the *employee* to provide coverage for a child or spouse as specified in such orders.
7. The date of birth of a child born to an *employee's* covered *dependent*; or
8. Of the *employer's* annual anniversary date.

Please check your Schedule of Benefits for waiting periods that may apply to *you*.

To obtain more information about *your* coverage, please feel free to contact our Customer Service Department at:

Humana Insurance Department
1100 Employers Blvd
Green Bay, WI 54344
1-800-233-4013



Bruce Broussard
President

Humana

Humana.com

Toll Free 800-233-4013
1100 Employers Blvd
Green Bay WI 54344

Insured by Humana Insurance Company
In Kentucky, insured by The Dental Concern, Inc.

Florida Notice:

Effective July 1, 1994, certain victims of violent crime do not have to meet the deductible or copayment provision of any insurance policy for the treatment of their crime-related injuries pursuant to the Florida Crimes Compensation Act, excluding 960.28. Eligibility under the Florida Crimes Compensation Act is determined when victims of violent crime apply for services with the Office of the Attorney General, Division of Victim Services. When victims are determined eligible, they are given written notification which references their insurance exemption. If you are eligible under the Florida Crimes Compensation Act, please forward a copy of such written notification to us to report your status.

DISCOUNT/ACCESS DISCLOSURE

From time to time, we may offer or provide access to discount programs to persons who become insureds. In addition, we may arrange for third party service providers such as optometrists, dentists, and laboratories to provide discounts on goods and services to persons who become insureds. Some of these third party service providers may make payments to us when insureds take advantage of these discount programs. These payments offset the cost to us of making these programs available and may help reduce the costs of your plan administration. Although we have arranged for third parties to offer discounts on these goods and services, these discount programs are not insured benefits under this Policy. The third party service providers are solely responsible to insureds for the provision of any such goods and/or services. We are not responsible for any such goods and/or services, nor are we liable if vendors refuse to honor such discounts. Further, we are not liable to insureds for the negligent provision of such goods and/or services by third party service providers. Discount programs may not be available to persons who "opt out" of marketing communications and where otherwise restricted by law.

Notices

The following pages contain important information about certain federal laws. There may be differences between the Certificate of Insurance and this Notice packet. There may also be differences between this notice packet and state law. You are eligible for the rights more beneficial to you, unless preempted by state or federal law.

This section includes notices about:

Claims procedures

Federal legislation

Medical child support orders

Continuation of coverage for full-time students during medical leave of absence

General notice of COBRA continuation of coverage rights

Family and Medical Leave Act (FMLA)

Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA)

Your Rights under ERISA

Discrimination Notice

Claim procedures

The Employee Retirement Income Security Act of 1974 (ERISA) established minimum requirements for claims procedures. Humana complies with these standards. Covered persons in insured plans subject to ERISA should also consult their insurance benefit plan documents (e.g., the Certificate of Insurance or Evidence of Coverage). Humana complies with the requirements set forth in any such benefit plan document issued by it with respect to the plan unless doing so would prevent compliance with the requirements of the federal ERISA statute and the regulations issued thereunder. The following claims procedures are intended to comply with the ERISA claims regulation, and should be interpreted consistent with the minimum requirements of that regulation. Covered persons in plans not subject to ERISA should consult their benefit plan documents for the applicable claims and appeals procedures.

Discretionary authority

With respect to paying claims for benefits or determining eligibility for coverage under a policy issued by Humana, Humana as administrator for claims determinations and as ERISA claims review fiduciary, shall have full and exclusive discretionary authority to:

1. Interpret plan provisions;
2. Make decisions regarding eligibility for coverage and benefits; and
3. Resolve factual questions relating to coverage and benefits.

Claim procedures

Definitions

Adverse determination: means a decision to deny benefits for a pre-service claim or a post-service claim under a group health and/or dental plan.

Claimant: A covered person (or authorized representative) who files a claim.

Concurrent-care Decision: A decision by the plan to reduce or terminate benefits otherwise payable for a course of treatment that has been approved by the plan (other than by plan amendment or termination) or a decision with respect to a request by a Claimant to extend a course of treatment beyond the period of time or number of treatments that has been approved by the plan.

Group health plan: an employee welfare benefit plan to the extent the plan provides dental care to employees or their dependents directly (self insured) or through insurance (including HMO plans), reimbursement or otherwise.

Health insurance issuer: the offering company listed on the face page of your Certificate of Insurance or Certificate of Coverage and referred to in this document as "Humana."

Post-service Claim: Any claim for a benefit under a group health plan that is not a Pre-service Claim.

Pre-service Claim: A request for authorization of a benefit for which the plan conditions receipt of the benefit, in whole or in part, on advance approval.

Urgent-care Claim (expedited review): A claim for covered services to which the application of the time periods for making non-urgent care determinations:

could seriously jeopardize the life or health of the covered person or the ability of the covered person to regain maximum function; or

in the opinion of a physician with knowledge of the covered person's medical condition, would subject the covered person to severe pain that cannot be adequately managed without the service that is the subject of the claim.

Humana will make a determination of whether a claim is an Urgent-care Claim. However, any claim a physician, with knowledge of a covered person's medical condition, determines is a "Urgent-care Claim" will be treated as a "claim involving urgent care."

Submitting a claim

This section describes how a Claimant files a claim for plan benefits.

A claim must be filed in writing and delivered by mail, postage prepaid, by FAX or e-mail. A request for pre-authorization may be filed by telephone. The claim or request for pre-authorization must be submitted to Humana or to Humana's designee at the address indicated in the covered person's benefit plan document or identification card. Claims will be not be deemed submitted for purposes of these procedures unless and until received at the correct address.

Claims submissions must be in a format acceptable to Humana and compliant with any legal requirements. Claims not submitted in accordance with the requirements of applicable federal law respecting privacy of protected health information and/or electronic claims standards will not be accepted by Humana.

Claims submissions must be timely. Claims must be filed as soon as reasonably possible after they are incurred, and in no event later than the period of time described in the benefit plan document.

Claims submissions must be complete and delivered to the designated address. At a minimum they must include:

- Name of the covered person who incurred the covered expense.
- Name and address of the provider
- Diagnosis
- Procedure or nature of the treatment
- Place of service
- Date of service
- Billed amount

A general request for an interpretation of plan provisions will not be considered a claim. Requests of this type, such as a request for an interpretation of the eligibility provisions of the plan, should be directed to the plan administrator.

Procedural defects

If a Pre-service Claim submission is not made in accordance with the plan's requirements, Humana will notify the Claimant of the problem and how it may be remedied within five (5) days (or within 24 hours, in the case of an Urgent-care Claim). If a Post-service Claim is not made in accordance with the plan's requirement, it will be returned to the submitter.

Authorized representatives

A covered person may designate an authorized representative to act on his or her behalf in pursuing a benefit claim or appeal. The authorization must be in writing and authorize disclosure of health information. If a document is not sufficient to constitute designation of an authorized representative, as determined by Humana, the plan will not consider a designation to have been made. An assignment of benefits does not constitute designation of an authorized representative.

- Any document designating an authorized representative must be submitted to Humana in advance or at the time an authorized representative commences a course of action on behalf of the covered person. Humana may verify the designation with the covered person prior to recognizing authorized representative status.
- In any event, a health care provider with knowledge of a covered person's medical condition acting in connection with an Urgent-care Claim will be recognized by the plan as the covered person's authorized representative.

Covered persons should carefully consider whether to designate an authorized representative. Circumstances may arise under which an authorized representative may make decisions independent of the covered person, such as whether and how to appeal a claim denial.

Claims decisions

After a determination on a claim is made, Humana will notify the Claimant within a reasonable time, as follows:

Pre-service claims

Humana will provide notice of a favorable or *adverse determination* within a reasonable time appropriate to the medical circumstances but no later than 15 days after the plan receives the claim.

This period may be extended by an additional 15 days, if Humana determines the extension is necessary due to matters beyond the control of the plan. Before the end of the initial 15-day period, Humana will notify the Claimant of the circumstances requiring the extension and the date by which Humana expects to make a decision.

If the reason for the extension is because Humana does not have enough information to decide the claim, the notice of extension will describe the required information, and the Claimant will have at least 45 days from the date the notice is received to provide the necessary information.

Urgent-care claims (expedited review)

Humana will determine whether a particular claim is an Urgent-care Claim. This determination will be based on information furnished by or on behalf of a covered person. Humana will exercise its judgment when making the determination with deference to the judgment of a physician with knowledge of the covered person's condition. Humana may require a Claimant to clarify the medical urgency and circumstances supporting the Urgent-care Claim for expedited decision-making.

Notice of a favorable or *adverse determination* will be made by Humana as soon as possible, taking into account the medical urgency particular to the covered person's situation, but not later than 72 hours after receiving the Urgent-care Claim.

If a claim does not provide sufficient information to determine whether, or to what extent, services are covered under the plan, Humana will notify the Claimant as soon as possible, but not more than 24 hours after receiving the Urgent-care Claim. The notice will describe the specific information necessary to complete the claim. The Claimant will have a reasonable amount of time, taking into account the covered person's circumstances, to provide the necessary information – but not less than 48 hours.

Humana will provide notice of the plan's Urgent-care Claim determination as soon as possible but no more than 48 hours after the earlier of:

- The plan receives the specified information; or
- The end of the period afforded the Claimant to provide the specified additional information.

Concurrent-care decisions

Humana will notify a Claimant of a Concurrent-care Decision involving a reduction or termination of pre-authorized benefits sufficiently in advance of the reduction or termination to allow the Claimant to appeal and obtain a determination.

Humana will decide Urgent-care Claims involving an extension of a course of treatment as soon as possible taking into account medical circumstances. Humana will notify a Claimant of the benefit determination, whether adverse or not, within 24 hours after the plan receives the claim, provided the claim is submitted to the plan 24 hours prior to the expiration of the prescribed period of time or number of treatments.

Post-service claims

Humana will provide notice of a favorable or *adverse determination* within a reasonable time appropriate to the medical circumstances but no later than 30 days after the plan receives the claim.

This period may be extended an additional 15 days, if Humana determines the extension is necessary due to matters beyond the plan's control. Before the end of the initial 30-day period, Humana will notify the affected Claimant of the extension, the circumstances requiring the extension and the date by which the plan expects to make a decision.

If the reason for the extension is because Humana does not have enough information to decide the claim, the notice of extension will describe the required information, and the Claimant will have at least 45 days from the date the notice is received to provide the specified information. Humana will make a decision on the earlier of the date on which the Claimant responds or the expiration of the time allowed for submission of the requested information.

Initial denial notices

Notice of a claim denial (including a partial denial) will be provided to Claimants by mail, postage prepaid, by FAX or by e-mail, as appropriate, within the time frames noted above. With respect to adverse decisions involving Urgent-care Claims, notice may be provided to Claimants orally within the time frames noted above. If oral notice is given, written notification must be provided no later than 3 days after oral notification.

A claims denial notice will convey the specific reason for the *adverse determination* and the specific plan provisions upon which the determination is based. The notice will also include a description of any additional information necessary to perfect the claim and an explanation of why such information is necessary. The notice will disclose if any internal plan rule, protocol or similar criterion was relied upon to deny the claim. A copy of the rule, protocol or similar criterion will be provided to Claimants, free of charge, upon request.

The notice will describe the plan's review procedures and the time limits applicable to such procedures, including a statement of the Claimant's right to bring a civil action under ERISA Section 502(a) following an adverse benefit determination on review.

If an *adverse determination* is based on medical necessity, experimental treatment or similar exclusion or limitation, the notice will state that an explanation of the scientific or clinical basis for the determination will be provided, free of charge, upon request. The explanation will apply the terms of the plan to the covered person's medical circumstances.

In the case of an adverse decision of an Urgent-care Claim, the notice will provide a description of the plan's expedited review procedures

Appeals of Adverse Determinations

A Claimant must appeal an *adverse determination* within 180 days after receiving written notice of the denial (or partial denial). An appeal may be made by a Claimant by means of written application to Humana, in person, or by mail, postage prepaid.

A Claimant, on appeal, may request an expedited appeal of an adverse Urgent-care Claim decision orally or in writing. In such case, all necessary information, including the plan's benefit determination on review, will be transmitted between the plan and the Claimant by telephone, facsimile, or other available similarly expeditious method, to the extent permitted by applicable law

Determination of appeals of denied claims will be conducted promptly, will not defer to the initial determination and will not be made by the person who made the initial adverse claim determination or a subordinate of that person. The determination will take into account all comments, documents, records, and other information submitted by the Claimant relating to the claim.

On appeal, a Claimant may review relevant documents and may submit issues and comments in writing. A Claimant on appeal may, upon request, discover the identity of medical or vocational experts whose advice was obtained on behalf of the plan in connection with the *adverse determination* being appealed, as permitted under applicable law.

If the claims denial is based in whole, or in part, upon a medical judgment, including determinations as to whether a particular treatment, or other service is experimental, investigational, or not medically necessary or appropriate, the person deciding the appeal will consult with a health care professional who has appropriate training and experience in the field of medicine involved in the medical judgment. The consulting health care professional will not be the same person who decided the initial appeal or a subordinate of that person.

Time periods for decisions on appeal

Appeals of claims denials will be decided and notice of the decision provided as follows:

Urgent-care Claims	As soon as possible but no later than 72 hours after Humana receives the appeal request.
Pre-service Claims	Within a reasonable period but no later than 30 days after Humana receives the appeal request.
Post-service Claims	Within a reasonable period but no later than 60 days after Humana receives the appeal request.
Concurrent-care Decisions	Within the time periods specified above depending on the type of claim involved.

Appeals denial notices

Notice of a claim denial (including a partial denial) will be provided to Claimants by mail, postage prepaid, by FAX or by e-mail, as appropriate, within the time periods noted above.

A notice that a claim appeal has been denied will include:

- The specific reason or reasons for the *adverse determination*;
- Reference to the specific plan provision upon which the determination is based;
- If any internal plan rule, protocol or similar criterion was relied upon to deny the claim. A copy of the rule, protocol or similar criterion will be provided to the Claimant, free of charge, upon request;
- A statement describing any voluntary appeal procedures offered by the plan and the claimant's right to obtain the information about such procedures, and a statement about the Claimant's right to bring an action under section 502(a) of ERISA;
- If an *adverse determination* is based on medical necessity, experimental treatment or similar exclusion or limitation, the notice will state that an explanation of the scientific or clinical basis for the determination will be provided, free of charge, upon request. The explanation will apply the terms of the plan to the covered person's medical circumstances.

In the event an appealed claim is denied, the Claimant will be entitled to receive without charge reasonable access to, and copies of, any documents, records or other information that:

- Was relied upon in making the determination;
- Was submitted, considered or generated in the course of making the benefit determination, without regard to whether such document, record or other information was relied upon in making the benefit determination;
- Demonstrates compliance with the administrative processes and safeguards required in making the determination;
- Constitutes a statement of policy or guidance with respect to the plan concerning the denied treatment option or benefit for the claimant's diagnosis, without regard to whether the statement was relied on in making the benefit determination.

Exhaustion of remedies

Upon completion of the appeals process under this section, a Claimant will have exhausted his or her administrative remedies under the plan. If Humana fails to complete a claim determination or appeal within the time limits set forth above, the claim shall be deemed to have been denied and the Claimant may proceed to the next level in the review process.

After exhaustion of remedies, a Claimant may pursue any other legal remedies available, which may include bringing civil action under ERISA section 502(a) for judicial review of the plan's determination. Additional information may be available from the local U.S. Department of Labor Office.

Legal actions and limitations

No lawsuit may be brought with respect to plan benefits until all remedies under the plan have been exhausted.

No lawsuit with respect to plan benefits may be brought after the expiration of the applicable limitations period stated in the benefit plan document. If no limitation is stated in the benefit plan document, then no such suit may be brought after the expiration of the applicable limitations under applicable law.

Medical child support orders

An individual who is a child of a covered employee shall be enrolled for coverage under the group health plan in accordance with the direction of a Qualified Medical Child Support Order (QMCSO) or a National Medical Support Notice (NMSO).

A QMCSO is a state-court order or judgment, including approval of a settlement agreement that:

- provides for support of a covered employee's child;
- provides for health care coverage for that child;
- is made under state domestic relations law (including a community property law);
- relates to benefits under the group health plan; and
- is "qualified," i.e., it meets the technical requirements of ERISA or applicable state law.

QMCSO also means a state court order or judgment enforcing state Medicaid law regarding medical child support required by the Social Security Act § 1908 (as added by Omnibus Budget Reconciliation Act of 1993).

An NMSO is a notice issued by an appropriate agency of a state or local government that is similar to a QMCSO requiring coverage under the group health plan for a dependent child of a non-custodial parent who is (or will become) a covered person by a domestic relations order providing for health care coverage.

Procedures for determining the qualified status of medical child support orders are available at no cost upon request from the plan administrator.

Continuation of coverage for full-time students during medical leave of absence

A dependent child who is in regular full-time attendance at an accredited secondary school, college or university, or licensed technical school continues to be eligible for coverage for until the earlier of the following if the dependent child takes a medically necessary leave of absence:

- Up to one year after the first day of the medically necessary leave of absence; or
- The date coverage would otherwise terminate under the plan.

We may require written certification from the dependent child's health care practitioner that the dependent child has a serious bodily injury or sickness requiring a medically necessary leave of absence.

General notice of COBRA continuation coverage rights

Introduction

You are getting this notice because you recently gained coverage under a group health and/or dental plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health and/or dental coverage. It can also become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you too lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced; or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you too lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to the employer, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA coverage available?

The plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- the end of employment or reduction of hours of employment;
- death of the employee;
- commencement of a proceeding in bankruptcy with respect to the employer; or
- the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs.

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events or a second qualifying event during the initial period of coverage may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of

- **continuation coverage** - If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage

Second qualifying event extension of 18-month period of

- **continuation coverage** - If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, or other laws affecting your group health and/or dental plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit at www.dol.gov/ebsa. (address and phone numbers of Regional and District EBSA Office are available through EBSA's website.)

Keep your plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information:

Humana
Billing/Enrollment Department
101 E Main Street
Louisville, KY 40201
1-800-872-7207

Family and Medical Leave Act (FMLA)

If an employee is granted a leave of absence (Leave) by the employer as required by the Federal Family and Medical Leave Act, s/he may continue to be covered under the plan for the duration of the Leave under the same conditions as other employees who are currently employed and covered by the plan. If the employee chooses to terminate coverage during the Leave, or if coverage terminates as a result of nonpayment of any required contribution, coverage may be reinstated on the date the employee returns to work immediately following the end of the Leave. Charges incurred after the date of reinstatement will be paid as if the employee had been continuously covered.

Uniformed Services Employment and Reemployment Rights Act of 1994***Continuation of benefits***

Effective October 13, 1994, federal law requires health plans offer to continue coverage for employees that are absent due to service in the uniformed services and/or dependents.

Eligibility

An employee is eligible for continuation under USERRA if he or she is absent from employment because of voluntary or involuntary performance of duty in the Armed Forces, Army National Guard, Air National Guard, or commissioned corps of the Public Health Service. Duty includes absence for active duty, active duty for training, initial active duty for training, inactive duty training and for the purpose of an examination to determine fitness for duty.

An employee's dependents that have coverage under the plan immediately prior to the date of the employee's covered absence are eligible to elect continuation under USERRA.

If continuation of Plan coverage is elected under USERRA, the employee or dependent is responsible for payment of the applicable cost of coverage. If the employee is absent for not longer than 31 days, the cost will be the amount the employee would otherwise pay for coverage. For absences exceeding 30 days, the cost may be up to 102% of the cost of coverage under the plan. This includes the employee's share and any portion previously paid by the employer.

Duration of coverage

If elected, continuation coverage under USERRA will continue until the earlier of:

- 24 months beginning the first day of absence from employment due to service in the uniformed services; or
- The day after the employee fails to apply for a return to employment as required by USERRA, after the completion of a period of service.

Under federal law, the period coverage available under USERRA shall run concurrently with the COBRA period available to an employee and/or eligible dependent.

Other information

Employees should contact their employer with any questions regarding coverage normally available during a military leave of absence or continuation coverage and notify the employer of any changes in marital status, or change of address.

Your Rights Under the Employment Rights Income Security Act of 1974 (ERISA)

Under ERISA, all plan participants covered by ERISA are entitled to certain rights and protections, as described below. Notwithstanding anything in the group health plan or group insurance policy, following are a covered person's minimum rights under ERISA. ERISA requirements do not apply to plans maintained by governmental agencies or churches.

Information about the plan and benefits

Plan participants may:

- Examine, free of charge, all documents governing the plan. These documents are available in the plan administrator's office.
- Obtain, at a reasonable charge, copies of documents governing the plan, including a copy of any updated summary plan description and a copy of the latest annual report for the plan (Form 5500), if any, by writing to the plan administrator.
- Obtain, at a reasonable charge, a copy of the latest annual report (Form 5500) for the plan, if any, by writing to the plan administrator.

As a plan participant, you will receive a summary of any material changes made in the plan within 210 days after the end of the plan year in which the changes are made unless the change is a material reduction in covered services or benefits, in which case you will receive a summary of the material reduction within 60 days after the date of its adoption.

If the plan is required to file a summary annual financial report, you will receive a copy from the plan administrator.

Responsibilities of plan fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the plan. These people, called "fiduciaries" of the plan, have a duty to act prudently and in the interest of plan participants and beneficiaries.

No one, including an employer, may discharge or otherwise discriminate against a plan participant in any way to prevent the participant from obtaining a benefit to which the participant is otherwise entitled under the plan or from exercising ERISA rights.

Continue group health plan coverage

Participants may be eligible to continue health care coverage for themselves, their spouse or dependents if there is a loss of coverage under the group health plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review the COBRA notice in this document regarding the rules governing COBRA continuation coverage rights.

Claims determinations

If a claim for a plan benefit is denied or disregarded, in whole or in part, participants have the right to know why this was done, to obtain copies of documents relating to the decision without charge and to appeal any denial within certain time schedules.

Enforce your rights

Under ERISA, there are steps participants may take to enforce the above rights. For instance:

- if a participant requests a copy of plan documents and does not receive them within 30 days, the participant may file suit in a Federal court. In such a case, the court may require the plan administrator to provide the materials and pay you up to \$ 110 a day until the participant receives the materials, unless the materials were not sent because of reasons beyond the control of the plan administrator;
- if a claim for benefits is denied or disregarded, in whole or in part, the participant may file suit in a state or Federal court;
- if the participant disagrees with the plan's decision, or lack thereof, concerning the qualified status of a domestic relations order or a medical child support order, the participant may file suit in Federal court;
- if plan fiduciaries misuse the plan's money, or if participants are discriminated against for asserting their rights, they may seek assistance from the U.S. Department of Labor, or may file suit in a Federal court.

The court will decide who should pay court costs and legal fees. If the participant is successful, the court may order the person sued to pay costs and fees. If the participant loses, the court may order the participant to pay the costs and fees.

Assistance with questions

- Contact the group health plan human resources department or the plan administrator with questions about the plan;
- For questions about ERISA rights, contact the nearest area office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or:

The Division of Technical Assistance and Inquiries
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue N.W.
Washington, D.C. 20210;

- Call the publications hotline of the Employee Benefits Security Administration to obtain publications about ERISA rights.

Discrimination is Against the Law

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Humana Inc. and its subsidiaries provide:

- Free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.
- Free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call the number on your ID card or, if you use a TTY, call 711.

If you believe that Humana Inc. and its subsidiaries have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Discrimination Grievances
P.O. Box 14618
Lexington, KY 40512-4618

If you need help filing a grievance, call the number on your ID card or if you use a TTY, call 711.

You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Interpreter Services

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call the number on your ID card (TTY: 711).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación (TTY: 711).

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電會員卡上的電話號碼 (TTY: 711)。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số điện thoại ghi trên thẻ ID của quý vị (TTY: 711).

한국어 (Korean): 주의 : 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 . ID 카드에 적혀 있는 번호로 전화해 주십시오 (TTY: 711).

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tawagan ang numero na nasa iyong ID card (TTY: 711).

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Наберите номер, указанный на вашей карточке-удостоверении (телетайп: 711).

Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele nimewo ki sou kat idantite manm ou (TTY: 711).

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro figurant sur votre carte de membre (ATS : 711).

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Proszę zadzwonić pod numer podany na karcie identyfikacyjnej (TTY: 711).

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para o número presente em seu cartão de identificação (TTY: 711).

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero che appare sulla tessera identificativa (TTY: 711).

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Wählen Sie die Nummer, die sich auf Ihrer Versicherungskarte befindet (TTY: 711).

日本語 (Japanese): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。お手持ちの ID カードに記載されている電話番号までご連絡ください (TTY : 711)。

فارسی (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.
با شماره تلفن روی کارت شناسایی تان تماس بگیرید (TTY: 711).

Diné Bizaad (Navajo): Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, námbóo ninaaltsoos yézhí, bee nées ho'dółzin bikáá'ígíí bee hólne' (TTY: 711).

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم الهاتف الموجود على بطاقة الهوية الخاصة بك (رقم هاتف الصم والبكم: 711).



CompBenefits Company

a Prepaid Limited Health Services Organization
licensed under Chapter 636, Florida Statutes

5775 Blue Lagoon Drive, Suite 400
Miami, FL 33126-2034

Certificate of Dental Benefits

This Certificate of Dental Benefits ("Certificate") outlines the features of the Contract for Dental Benefits ("Contract") between CompBenefits Company ("Company") and the Contractholder. **Read it carefully to become familiar with Your coverage.** The Contract must be consulted to determine the exact terms and conditions of coverage. Your coverage may be terminated or amended in whole or in part under the terms and provisions of the Contract.

I. Definitions

- A. **"Benefits"** are those Covered Dental Care Services available to the Members as stated in the Certificate.
- B. **"Contractholder"** means that person or organization named in the Application form.
- C. **"Contributions"** are those periodic payments due Company in order for Members to receive Benefits as provided by the Certificate.
- D. **"Copayment"** is the dollar amount the Member is required to pay when receiving Covered Dental Care Services.
- E. **"Copayment Benefits"** are those Covered Dental Care Services for which there are reduced fees which are due and payable directly by the Member to the Participating General Dentist or Participating Specialist at the time the services are rendered or in accordance with the particular payment procedures of the Participating General Dentist or Participating Specialist.
- F. **"Covered Dental Care Services"** are those services to be performed by a Participating General Dentist or Participating Specialist pursuant to the terms of the Certificate and a Participating General Dentist Agreement or a Participating Specialist Agreement. To be covered by Company, services must be (a) necessary; and (b) appropriate for the given condition. The Company may use the professional review of a dentist to determine the necessity and/or appropriateness of a given course of treatment.

- G. "Dental Facility"** is the location of the Participating General Dentist's or Participating Specialist's office where Members shall receive Dental Care Services.
- H. "Dependent"** means the following dependents of the Subscriber: a) the legal spouse; and b) all dependent children under 26 years of age, or under 26 if they are full-time students in an accredited college or university and dependent on the Subscriber for primary support (unless otherwise negotiated or covered by amendment to this Certificate). The term "children" also includes: a) adopted children and b) stepchildren and foster children living with the Subscriber in a parent-child relationship. A Dependent may include Your domestic partner (in lieu of legal spouse) if the Contractholder elects to provide coverage for domestic partners as shown in the Contract. It is the obligation of the Subscriber to notify the Contractholder of Dependent status or change in Dependent status.
- I. "Effective Date"** is the first day that a Member is entitled to receive Benefits designated in the Certificate.
- J. "Eligibility Date"** means the date You or Your Dependent is eligible to participate in the plan, based on the requirements in the Contractholder Application.
- K. "Emergency"** is a sudden, serious dental condition caused by an accident or dental disease that would lead a prudent layperson to reasonably conclude, if not treated immediately, would result in serious harm to the dental health of the Member.
- L. "Member"** is a Subscriber and/or covered eligible Dependent of a Subscriber.
- M. "Necessary Treatment"** is the extent of care and treatment that is the generally accepted, proven and established practice by most dentists with similar experience and training. Such care and treatment must not be provided primarily for the convenience of the patient or the dentist. To determine Necessary Treatment, we may require preoperative dental radiographs (X-rays) and other pertinent information.
- N. "No Charge Benefits"** are those Covered Dental Care Services for which there are no additional fees due the Participating General Dentist or Participating Specialist by Member.
- O. "Normal Billed Charges"** are those fees that are customarily charged for services by the Participating General Dentist or Participating Specialist. Said charges are not determined by Company.
- P. "Open Enrollment Period"** is the period of time, subsequent to Your Eligibility Date, during which You may enroll in benefits. Typically, an Open Enrollment Period occurs once within a 12 month period, or as otherwise agreed upon by Your Contractholder and Us.
- Q. "Participating General Dentist" or "Participating Specialist"** are those licensed dentists selected and contracted with Company as independent contractors to provide Covered Dental Care Services to Members.

- R. “Primary Care Dentist” or “PCD”** is the Participating General Dentist within Our network whom you have selected to handle your dental care.
- S. “Probationary Period”** is the length of time that must pass prior to becoming eligible to enroll in benefits as defined by Your Contractholder and agreed upon by Us.
- T. “Special Enrollment Date”** is the date You and/or Your Dependent(s) become eligible to enroll in benefits due to a qualifying life event.
- U. “Subscriber” “You” or “Your”** is the enrolled member of the Contractholder in good standing for whom the necessary Contributions and Copayments have been made in payment for Covered Dental Care Services.
- V. “Treatment Plan”** is that individual proposal by the Participating General Dentist or Participating Specialist outlining the recommended course of the Member's treatment. A written copy may be requested by the Member from the Participating General Dentist or Participating Specialist.
- W. “We”, “Us” or “Our”** means the Company.

II. Contributions and Copayments

It is agreed that in order for Member to be eligible for and entitled to receive Benefits provided by this Certificate, Company must receive all Contributions in advance. The Participating General Dentist or Participating Specialist must receive any Copayments on the date of service in accordance with their particular payment procedure.

III. Benefits

From the Effective Date, Company agrees to provide Benefits to Members through Participating General Dentists or Participating Specialists on a No Charge Benefits or Copayment Benefits basis in accordance with the Member’s Schedule of Benefits attached to this Certificate. There is no exclusion due to pre existing dental conditions except in those instances in which treatment has been initiated but not yet completed prior to the Effective Date.

IV. Eligibility and Enrollment

A. Subscriber

1. Subscriber Eligibility Date

The Subscriber is eligible for coverage on the date the eligibility requirements stated in the Contractholder Application, or as otherwise agreed to by Us and the Contractholder, are satisfied.

2. Subscriber Effective Date

- a. The Subscriber must enroll as agreed by the Contractholder and Us.
- b. The Subscriber's effective date provision is stated in the Contractholder Application. It may be the first of the month following completion of the Probationary Period or the Special Enrollment Date.
- c. If the Subscriber enrolls more than 31 days after his or her Eligibility Date or Special Enrollment Date, he or she is late and will be eligible to enroll during the next Open Enrollment Period.

B. Dependent

1. Dependent eligibility date

- a. Each Dependent is eligible for coverage on:
 - i. The date the Subscriber is eligible for coverage, if the Subscriber has Dependents who may be covered on that date;
 - ii. The date of the Subscriber's marriage, or any Dependents (spouse or child) acquired on that date;
 - iii. With respect to newborn or adopted children, the date described in Section V, Coverage for Newborn and Adopted Children; or
 - iv. The date specified in a Qualified Medical Child Support Order (QMCSO) or National Medical Support Notice (NMSN) for a child, or a valid court or administrative order for a spouse, which requires the Subscriber to provide coverage for a child or spouse as specified in such orders.
 - v. The Subscriber may cover his or her Dependents only if the Subscriber is also covered.
 - vi. A Dependent child who enrolls for other dental coverage through any employment is no longer eligible for coverage under the Contract. If a Dependent child becomes a Subscriber of the Contractholder, he or she is no longer eligible as a Dependent and must make application as an eligible Subscriber.

2. Dependent effective date

- a. Check with the Contractholder immediately on how to enroll for dependent coverage. The Subscriber must enroll for Dependent coverage and enroll additional Dependents as agreed by the Contractholder and Us.
- b. If we receive enrollment on, prior to, or within 31 days of the Dependent's eligibility date that dependent is effective the first of the month following that date.
- c. If we receive enrollment on, prior to, or within 31 days of the Dependent's Special Enrollment Date, that dependent is effective the first of the month following that date.
- d. If we receive enrollment more than 31 days after the dependent's eligibility date, or the Special Enrollment Date, that dependent is considered late and will be eligible to enroll during the next Open Enrollment period.

However, no dependent's effective date will be prior to the Subscriber's effective date of coverage.

V. Coverage for Newborn and Adopted Children

A. Newborn Dependent effective date

1. A child born to the Subscriber while this Certificate is in force is covered under this Certificate from the moment of birth, up to thirty (30) days. If coverage is to continue, the Subscriber must notify Company within sixty (60) days from the date of birth and pay the required Contribution, if any.
2. If we receive enrollment between 61 days and 2 years after the newborn's date of birth, Dependent coverage is effective on the first of the month following receipt of the enrollment.
3. If we receive enrollment between 2 years and 2 years and 31 days after the newborn's date of birth, Dependent coverage is effective on the child's second birthday.
4. If we receive enrollment more than 2 years and 31 days after the newborn's date of birth, the newborn is considered a late applicant and will not be able to enroll until the next Open Enrollment Period as determined by the Contractholder and Us.

- B. A child placed with You for adoption will be covered from the earlier of: 1) the date of birth if a petition for adoption is filed withing 30 days of the birth of such child; 2) the date You gain custody of the child under a temporary court order that grants You conservatorship of the child; or 3) the date the child is placed with You for adoption; and additional Contribution, if any, is paid. You must enroll such child within 31 days after either of these events. If such child is not enrolled within 31 days, such child is considered a late applicant and will not be able to enroll until the next Open Enrollment Period as determined by the Contractholder and Us.

VI. Disenrollment from the Dental Plan – Termination of Benefits

- A. Except for nonpayment of Contributions or termination of eligibility, Company may

cancel this Certificate as to a Member's coverage with forty-five (45) days written notice for the following reasons:

1. When a Member commits any action of fraud or material misrepresentation involving company.
2. When a Member's behavior is disruptive, unruly, abusive, unlawful, fraudulent, or uncooperative to the extent that the Member's continuing participation seriously impairs the ability of Company, the Participating General Dentist, or the Participating Specialist to provide services to the Member and/or to other Members.
3. When a Member misuses the documents provided as evidence of benefits available pursuant to the Contract or this Certificate.
4. When a Participating General Dentist is not available within the immediate geographical area of the Subscriber.
5. When reasonable efforts by the Company to establish and maintain a satisfactory patient relationship are unsuccessful or when the Member has indicated unreasonable refusal to accept necessary treatment. When a Member refuses to accept treatment from two (2) Dental Facilities, proof of unreasonable refusal shall be presumed conclusively.
6. Prior to cancellation, the Company shall make every effort to resolve the problem through its grievance procedure and to determine that the Member's behavior is not due to use of the Dental Care Services provided or mental illness.

B. Your coverage may end as stated below and in the Contractholder Application. Coverage terminates on the earliest of the following events:

1. Termination date listed in the Contract;
2. Failure to pay premium by the required due date;
3. The date the Contractholder terminates the Contract or no longer meets Our participation requirements;
4. The date You enter the military fulltime;
5. When You no longer are eligible for coverage as outlined in the Contractholder Application;
6. When You are no longer an eligible Member of the Contractholder, as defined by the Contractholder;
7. For a Dependent, the date the Subscriber's insurance terminates;
8. For a Dependent, the date he/she no longer meets the definition of a dependent;
9. A Subscriber's retirement date unless the Contractholder Application provides coverage for retirees; or
10. For any benefit that may be deleted from the Contract, the date it is deleted.

VII. Dental Facility Selection

- A. Member must select the PCD of his/her choice from a listing of PCD's provided at the time of original enrollment. The Member must select and be assigned to a PCD prior to obtaining Covered Dental Care Services.
- B. Members may request to transfer from one PCD to another, provided all Contributions and Copayments are currently paid. Transfers are limited to one (1) per month per Member. The PCD transfer will be effective the first day of the following month provided the transfer request is received by Us by the 15th day of the month. PCD transfer requests received after the 15th day of the month will be effective the first day of the month following the next following month.
- C. Company reserves the right to transfer Members to another Dental Facility for the following reasons:
 - 1. If chosen Dental Facility is no longer under contract with Company to provide Benefits.
 - 2. If chosen Dental Facility is determined by Company to be unable to effectively render Benefits to the Member.
 - 3. If efforts to establish a satisfactory dentist/patient relationship between Member and a Participating General Dentist or Participating Specialist have failed.
 - 4. If Member has unreasonably refused to accept Necessary Treatment from a particular Participating General Dentist, then a transfer will be made in order to obtain a second Necessary Treatment opinion.

VIII. Pre-Treatment Estimate

If the cost of a Member's services are expected to exceed \$300, the Company recommends that You ask the dentist to submit a Treatment Plan for a Pre-Treatment Estimate to our Claims Department. The Claims Department will process the Treatment Plan and send You a copy of the estimate of benefits for planned services. The estimate is based upon Benefits available at the time of processing and may change if other claims are submitted prior to completion of treatment. This gives You the opportunity to know exactly the amount of Benefits allowable before any fees are incurred.

IX. Alternate Treatment

The treatment of a dental condition is often discretionary, that is there is more than one way to treat a dental problem. For example, either a crown or a filling could be used to restore a tooth. Another example is in some cases a fixed partial denture or a removable partial denture may be used. If more than one type of service can be used to treat a dental condition, Company has the right to base Benefits on the least expensive service. If the Member and the Member's dentist decide that the Member wants the alternative treatment, the Member will be responsible for charges exceeding the least expensive treatment cost.

X. General Provisions

A. Appointments for Service

1. All non-emergency Covered Dental Care Services rendered to Member shall be on a prior appointment basis during the normal office hours of the PCD to which the member has been assigned. In order to receive Benefits, Member must make an appointment with his/her PCD, and the request for an appointment must be made after the Effective Date. When making an appointment, Member should inform PCD he or she is a Company Member.
2. Member may request an emergency appointment (treatment of accidental, painful, or urgent conditions) within twenty four (24) hours of calling his/her PCD, subject to the appropriate Copayment.

B. Broken Appointments

The time that the dentist sets aside for Your appointment is very valuable. Broken appointments are more than just an inconvenience or a discourtesy; they greatly add to the expense of the program as a delay in treatment may require more complex and costlier procedures. This will be reflected in higher Copayments applicable to You. Also, the time the dentist scheduled for You could have been used for other patients for needed dental care.

Therefore, should You break an appointment without at least 24 hours notice, a fee may be charged for the block of time reserved. This fee, as determined by the PCD, is not covered by Us and is Your responsibility.

C. Emergency Care

1. Out-of-Area Emergency Care:

When more than one hundred (100) miles from the nearest available Participating General Dentist, Member may obtain reimbursement for expenses for Emergency Care rendered by any licensed dentist, less applicable Company copayments, up to one hundred dollars (\$100) per Member per year, upon presentation of an itemized statement of emergency services from the dental office. Company must be notified of such treatment within ninety (90) days of its receipt.

2. In-Service-Area Emergency Care:

When Member is within one hundred (100) miles of any Participating General Dentist, during Company's normal business hours the Member should first contact his/her Participating General Dentist and request an emergency appointment. If his/her dentist is unable to render Emergency Care, Member should contact Company Member Services Department and request assistance in obtaining Emergency Care from another Company Dental Facility at that Facility's Normal Billed Charges less a 25% reduction.

If Emergency Care is required after Company's normal business hours, and it is not possible to contact a Participating General Dentist, Member may obtain reimbursement for expenses for Emergency Care rendered by any licensed Dentist, less applicable Company copayments, up to one hundred dollars (\$100) per Member per year, upon presentation of an itemized statement of emergency services from the dental offices. Company must be notified of such treatment within ninety (90) days of its receipt.

D. Dental Records

Dental records concerning services rendered to Member shall remain the property of the Participating General Dentist or Participating Specialist. Member agrees that his/her dental records may be reviewed by Company as deemed necessary for claims processing purposes and in compiling utilization and/or similar data. Company agrees to honor confidentiality of said data.

XI. Limitations and Exclusions

Company does not provide coverage for the following services:

- A. No service of any dentist other than a Participating General Dentist or Participating Specialist will be covered by Company, except out-of-area emergency care as provided in Section X, Paragraph C of the Certificate.
- B. Any procedures not specifically listed as a covered benefit in the Schedule of Benefits.
- C. Whenever any Contributions or Copayments are delinquent, Member will not be entitled to receive Benefits, transfer Dental Facilities, or enjoy any of the other privileges of a Member in good standing.
- D. Any dental treatment started prior to the Member's effective date for eligibility of benefits. This does not apply to Orthodontic treatment in progress that was covered under the Contractholder's prior plan. To be covered under this Plan, Orthodontic treatment must be shown on your Schedule of Benefits and You must have the subsequent treatment provided by a Participating Provider.
- E. Services which in the opinion of the Participating General Dentist, Participating Specialist, or Company are not Necessary Treatment to establish and/or maintain the Member's oral health.
- F. Any services that are not appropriate or customarily performed for the given condition, do not have uniform professional endorsement, do not have a favorable prognosis, or are experimental or investigational.
- G. Any service that is not consistent with the normal and/or usual services provided by the Participating General Dentist or Participating Specialist or which in the opinion of the Participating General Dentist or Participating Specialist would endanger the health of the Member.
- H. Any service or procedure which the Participating General Dentist or Participating Specialist is unable to perform because of the general health or physical limitations of the

Member.

- I. Procedures, appliances or restorations to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ); or replacement of lost, missing or stolen appliances.
- J. Services performed primarily for cosmetic purposes, unless otherwise listed as covered cosmetic services on your Schedule of Benefits.
- K. Services provided by a Participating Pediatric Dentist are limited to children through age seven.
- L. Removal of asymptomatic third molars is not covered unless pathology (disease) exists. Examples of symptomatic conditions include decay, cysts, unmanageable periodontal disease, infection, and resorption of adjacent tooth.
- M. Frequency and/or age limitations may apply. See your Schedule of Benefits and Co-payments for details.
- N. Worker's Compensation
 - 1. If we pay benefits but determine that the benefits were for the treatment of bodily injury or sickness that arose from or was sustained in the course of any occupation or employment for compensation, profit or gain, we have the right to recover that payment. We will exercise our right to recover against you.
 - 2. The recovery rights will be applied even though:
 - a. The Workers' Compensation benefits are in dispute or are made by means of settlement or compromise;
 - b. No final determination is made that bodily injury or sickness was sustained in the course of, or resulted from, your employment;
 - c. The amount of Workers' Compensation due to medical or health care is not agreed upon or defined by you or the Workers' Compensation carrier; or
 - d. Medical or health care benefits are specifically excluded from the Workers' Compensation settlement or compromise.
 - 3. You agree that, in consideration for the coverage provided by the Contract, we will be notified of any Workers' Compensation claim that you make, and you agree to reimburse us as described above.
- O. Crowns, inlays, onlays, or veneers for the purpose of:
 - 1. Altering vertical dimension of teeth;
 - 2. Restoration or maintenance of occlusion;
 - 3. Splinting teeth, including multiple abutments; or

4. Replacing tooth structure lost as a result of wear (abrasion, attrition, erosion or abfraction).

XII. Notice of Independent Contractor Relationship

Company assumes responsibility of fulfilling the terms of this Certificate. Participating General Dentists and Participating Specialists are independent contractors, and Company cannot be held responsible for any damages incurred as a result of tort, negligence, breach of contract, or malpractice by a Participating General Dentist or Participating Specialist, or for any damages which result from any defective or dangerous condition in or about any Dental Facility.

XIII. Review and Mediation of Complaints

A. Informal Grievances

If You have a concern about a Dental Facility or the Dental Plan, You can call the Company's Member Services Department at the telephone number listed below and explain Your concern to one of the Member Services Representatives. Most questions/concerns are able to be addressed at the time of Your first phone call by reviewing Your dental plan, normal procedures as described in this Certificate, and interpreting what might appear to be complicated typical dental office procedure. Should You consider this informal grievance procedure unsatisfactory, You have the right to file a formal written grievance with Company and/or submit Your grievance directly to the State of Florida Department of Financial Services, Office of Insurance Regulation.

B. Submission of Formal Grievances

If You have a grievance against Company for any matter arising out of this Certificate or for Covered Dental Care Services rendered thereunder, You may submit a formal written statement of the grievance to Company. Such written statement shall be specifically identified as a grievance, shall be submitted to Company within one (1) year from occurrence of the events upon which the grievance is based, and shall contain a statement of the action requested, the Member's name, address, telephone number, Member number, signature and the date. The statement should be sent to the Company's Grievance Coordinator at Company's address as listed below. More information on and assistance with Company's grievance procedures may be obtained by calling Company's Member Services Department number listed below.

C. Response to Formal Grievances

The Grievance Coordinator will investigate the grievance, gather all of the relevant facts, review the case with the appropriate parties and respond in writing to You and the Participating General Dentist or Participating Specialist, if appropriate, within ten (10) days of completion of the review. If the grievance involves a dental related matter or claim, the Company's Dental Director shall be involved in the resolution. If it involves denial of benefits or services, the written decision shall state the specific provisions of this Certificate upon which the denial is based. All grievances shall be processed within sixty (60) days, however, if the grievance involves collection of information from outside the Plan's service area, an additional thirty (30) days will be allowed for processing.

D. Appeal of Decision

If You are dissatisfied with the formal grievance decision, You may request reconsideration by the Company's Grievance Panel and may request a personal appearance before the Grievance Panel. Such requests for reconsideration must be made within sixty (60) days after receipt of the written decision. In addition, a Member always has the right to grieve directly to the State of Florida Department of Financial Services, Office of Insurance Regulation, at anytime.

E. Contact Information

CompBenefits Company
Attn: Quality Manager
P.O. Box 14729
Lexington, KY 40512-4729
(877) 603-5516 ext. 4960

Florida Department of Financial Services
Office of Insurance Regulation
Consumer Assistance
200 East Gaines Street
Tallahassee, FL 32399-032
or call toll free Consumer Hotline at (800) 342-2762

XIV. Continuation of Coverage

Unless cancellation of this Certificate is made for reasons specified in VI.(A) Subscribers who continue to pay appropriate Contributions and Copayments will have their Certificates automatically renewed at the expiration of the first twelve (12) months. The following conditions also will apply:

- A. At the attainment of the applicable age, coverage as a Dependent shall be extended if the individual is and continues to be both:
 - 1. Incapable of self-sustaining employment by reason of mental retardation or physical handicap; and
 - 2. Chiefly dependent upon the Subscriber for support and maintenance, provided proof of such incapacity and dependency is furnished to Company by the Subscriber within thirty-one (31) days of the Dependent's attainment of the limiting age and subsequently as may be required by Company, but not more frequently than once every two (2) years.
- B. If applicable, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires that certain employers maintaining group medical and dental plans offer employees and their Dependents the opportunity to continue their coverage when such coverage ends under certain conditions.

More information about COBRA continuation can be obtained from a Subscriber's employer. COBRA does not apply to coverage maintained on any basis other than that through an employer-employee relationship.

XV. Conversion Provision

- A. A Member who has been continuously covered under the Contract for at least three (3)

months, and who loses that coverage, may request to be converted to individual coverage within thirty-one (31) days after losing the coverage without providing evidence of insurability. The Member must pay Contributions at individual rates.

- B. A Member shall not be entitled to have a converted contract issued to him or her if termination of his or her coverage occurred for any of the following reasons:
1. Failure to pay any required premium or Contribution.
 2. Replacement of any discontinued coverage by similar coverage within thirty-one (31) days.
 3. Fraud or material misrepresentation in applying for any benefits under the Certificate.
 4. Disenrollment for cause as specified in VI.(A).
 5. Willful and knowing misuse of the Company identification card or Certificate by the Member.
 6. Willful and knowing furnishing to Company by the Member of incorrect or incomplete information for the purpose of fraudulently obtaining coverage or benefits from Company.
 7. The Subscriber has left the geographic area of Company with the intent to relocate or establish a new residence outside Company's geographic area.
- C. Subject to the conditions set forth above, the conversion privilege shall also be available to:
1. The surviving spouse and/or children, if any, at the death of the Subscriber, with respect to the spouse and such children whose coverage under the Company contract terminate by reason of such death.
 2. To the former spouse whose coverage would otherwise terminate because of annulment or dissolution of marriage, if the former spouse is dependent for financial support.
 3. To the spouse of the Subscriber upon termination of coverage of the spouse, while the Subscriber remains covered under a group Company contract, by reason of ceasing to be a qualified family Member under the group contract.
 4. To a child solely with respect to himself of herself, upon termination of his or her coverage by reason of ceasing to be a qualified family Member under a group Company contract.

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CompBenefits Company

Schedule of Benefits and Subscriber Copayments

Copayment amounts for listed procedures are applicable at the Participating General Dentist or Participating Specialist.

ADACode	Procedure	Patient Pays
Appointments		
D9310	Consultation (Normally Not The Same Dentist Who Provides The Treatment)	\$0
D9430	Office Visit for Observation - No Other Services Performed	\$0
D9440	Office Visit - After Regularly Scheduled Hours	\$30
D9999	Broken appointments (without 24 hour notice, per 15 min) — maximum \$40 per broken appointment. No charge will be made due to emergencies	\$10
Diagnostic		
D0120	Periodic Oral Evaluation (limited to twice in any 12 calendar months)	\$0
D0140	Limited Oral Evaluation - Problem Focused	\$0
D0145	Oral Evaluation for a Patient Under Three Years of Age and Counseling with Primary Caregiver	\$0
D0150	Comprehensive Oral Evaluation - New or Established Patient (limited to twice in any 12 calendar months)	\$0
D0160	Detailed and Extensive Oral Evaluation - Problem Focused, By Report	\$0
D0170	Re-evaluation - Problem Focused (Not Post-Operative Visit)	\$0
D0180	Comprehensive Periodontal Evaluation - New or Established Patient (limited to twice in any 12 calendar months)	\$0
D0210	X-Rays - Complete Series including bitewings (limit once in any 3 calendar years)	\$0
D0220	X-Rays Intraoral Periapical, First Film	\$0
D0230	X-Rays Intraoral Periapical, Each Additional Film	\$0
D0240	X-Rays Intraoral - Occlusal Film	\$0
D0250	Extraoral - first film	\$0
D0260	Extraoral - each additional film	\$0
D0270	X-Rays (Bitewing) - Single Film (limit twice in any 12 calendar months)	\$0
D0272	X-Rays (Bitewings) - Two Films (limit twice in any 12 calendar months)	\$0
D0273	X-Rays (Bitewings) - Three films (limit twice in any 12 calendar months)	\$0
D0274	X-Rays (Bitewings) - Four Films (limit twice in any 12 calendar months)	\$0
D0277	X-Rays (Bitewings, Vertical) - 7 to 8 Films (limit twice in any 12 calendar months)	\$0
D0330	X-Rays Panoramic Film (limit once in any 3 calendar years)	\$0
D0350	Oral/facial photographic images	\$0
D0415	Collection of microorganisms for culture and sensitivity	\$0
D0425	Caries susceptibility tests	\$0
D0431	Oral Cancer Screening Using a Special Light Source	\$50
D0460	Pulp Vitality Tests (not covered if a root canal is performed)	\$0
D0470	Diagnostic Casts	\$0
D0472	Pathology Report - Gross Examination of Lesion	\$0
D0473	Pathology Report - Microscopic Examination of Lesion	\$0
D0474	Pathology Report - Microscopic Examination of Lesion and Area	\$0

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Preventive

D1110	Cleaning - Adult (limit twice in any 12 calendar months, by primary care dentist)	\$0
D1111	Additional - Adult Prophylaxis, With or Without Fluoride (Maximum of 2 Additional per year)	\$35
D1120	Cleaning – Child (limit twice in any 12 calendar months)	\$0
D1121	Additional – Child Prophylaxis, With or Without Fluoride (Maximum of 2 Additional per year)	\$25
D1203	Topical Fluoride Application - Child (up to 16 years of age) (limit twice in any 12 calendar months)	\$0
D1204	Topical application of fluoride, prophylaxis not included – adult (limit twice in any 12 calendar months, by primary care dentist)	\$0
D1206	Topical Fluoride Varnish; Therapeutic Application for Moderate to High Caries Risk Patients (for child under 16 years of age) (limit twice in any 12 calendar months)	\$0
D1310	Nutritional counseling for control of dental disease	\$0
D1320	Tobacco counseling for the control and prevention of oral disease	\$0
D1330	Oral Hygiene Instructions	\$0
D1351	Sealant - Per Tooth (limited to permanent teeth only to age 16)	\$0
D1510*	Space Maintainer - Fixed Unilateral (through age 14)	\$25
D1515*	Space Maintainer - Fixed Bilateral (through age 14)	\$25
D1520*	Space Maintainer - Removable - Unilateral (through age 14)	\$35
D1525*	Space Maintainer - Removable - Bilateral (through age 14)	\$35
D1550	Recementation of Space Maintainer	\$15
D1555	Removal of fixed Space Maintainer	\$15

Restorative

D2140	Amalgam - One Surface, Primary or Permanent	\$0
D2150	Amalgam - Two Surfaces, Primary or Permanent	\$0
D2160	Amalgam - Three Surfaces, Primary or Permanent	\$0
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	\$0
D2940	Protective Restoration	\$0

Resin restorative – Inlays and onlays limited to one per tooth every 5 (five) years

D2330	Resin-Based Composite - One Surface, Anterior	\$0
D2331	Resin-Based Composite - Two Surfaces, Anterior	\$0
D2332	Resin-Based Composite - Three Surfaces, Anterior	\$0
D2335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle (Anterior)	\$0
D2390	Resin-Based Composite Crown, Anterior	\$30
D2391	Resin-Based Composite - One Surface, Posterior	\$30
D2392	Resin-Based Composite - Two Surfaces, Posterior	\$45
D2393	Resin-Based Composite - Three Surfaces, Posterior	\$65
D2394	Resin-Based Composite - Four or More Surfaces, Posterior	\$65
D2510*	Inlay - Metallic - One Surface	\$225
D2520*	Inlay - Metallic - Two Surfaces	\$235
D2530*	Inlay - Metallic - Three or More Surfaces	\$245
D2542*	Onlay - Metallic - Two Surfaces	\$245
D2543*	Onlay - Metallic - Three Surfaces	\$260
D2544*	Onlay - Metallic - Four or More Surfaces	\$270
D2610*	Inlay - porcelain/ceramic - one surface	\$245
D2620*	Inlay - porcelain/ceramic - two surfaces	\$245
D2630*	Inlay - porcelain/ceramic - three or more surfaces	\$245
D2642*	Onlay - porcelain/ceramic - two surfaces	\$245
D2643*	Onlay - porcelain/ceramic - three surfaces	\$245
D2644*	Onlay - porcelain/ceramic - four or more surfaces	\$245
D2650*	Inlay - resin-based composite - one surface	\$245

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D2651*	Inlay - resin-based composite - two surfaces	\$245
D2652*	Inlay - resin-based composite - three or more surfaces	\$245
D2662*	Onlay - resin-based composite - two surfaces	\$245
D2663*	Onlay - resin-based composite - three surfaces	\$245
D2664*	Onlay - resin-based composite - four or more surfaces	\$245

Crown and bridge – Crowns limited to one per tooth every 5 (five) years

D2710*	Crown - resin based composite (indirect)	\$245
D2712*	Crown - 3/4 resin-based composite (indirect)	\$245
D2720*	Crown - Resin with High Noble Metal	\$245
D2721	Crown - Resin with Predominantly Base Metal	\$245
D2722*	Crown - Resin with Noble Metal	\$245
D2740*	Crown - Porcelain/Ceramic Substrate	\$245
D2750*	Crown - Porcelain Fused to High Noble Metal	\$245
D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$245
D2752*	Crown - Porcelain Fused to Noble Metal	\$245
D2780*	Crown - 3/4 Cast High Noble Metal	\$245
D2781	Crown - 3/4 Cast Predominantly Base Metal	\$245
D2782*	Crown - 3/4 Cast Noble Metal	\$245
D2783*	Crown - 3/4 Porcelain/Ceramic	\$245
D2790*	Crown - Full Cast High Noble Metal	\$245
D2791	Crown - Full Cast Predominantly Base Metal	\$245
D2792*	Crown - Full Cast Noble Metal	\$245
D2794*	Crown - Titanium	\$245
D2799	Provisional crown	\$0
D2910	Recement Inlay, Onlay or Veneer	\$0
D2915	Recement Cast or Prefabricated Post and Core	\$0
D2920	Recement Crown	\$0
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$25
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	\$25
D2932	Prefabricated Resin Crown	\$45
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$45
D2950	Core Buildup, Including Any Pins	\$70
D2951	Pin Retention - Per Tooth, In Addition to Restoration	\$10
D2952*	Cast Post and Core, In Addition to Crown	\$50
D2953*	Each Additional Cast Post - Same Tooth	\$50
D2954	Prefabricated Post and Core In Addition to Crown	\$30
D2955	Post removal (not in conjunction with endodontic therapy)	\$10
D2957	Each Additional Prefabricated Post - Same Tooth -Base Metal Post	\$30
D2960	Labial Veneer (Resin Laminate) - Chairside	\$250
D2961*	Labial veneer (resin laminate) - laboratory	\$300
D2962*	Labial veneer (porcelain laminate) - laboratory	\$350
D2970	Temporary Crown (fractured tooth)	\$0
D2971	Additional procedures to construct new crown under existing partial denture framework	\$50
D2980	Crown Repair	\$0
D6940	Stress Breaker	\$110
D6950	Precision attachment (separate from prosthesis)	\$195
D6970*	Cast Post and Core, In Addition to Fixed Partial Denture Retainer	\$50
D6972	Prefabricated Post and Core In Addition to Fixed Partial Denture Retainer-Base Metal Post	\$30
D6976*	Each Additional Cast Post - Same Tooth	\$40
D6977	Each Additional Prefabricated Post - Same Tooth	\$40
D6980*	Fixed Partial Denture Repair, By Report	\$45

Prosthodontics (fixed) – Replacement limited to every 5 (five) years, adjustments once per year

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D6210*	Pontic - Cast High Noble Metal	\$245
D6211	Pontic - Cast Predominantly Base Metal	\$245
D6212*	Pontic - Cast Noble Metal	\$245
D6240*	Pontic - Porcelain Fused to High Noble Metal	\$245
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$245
D6242*	Pontic - Porcelain Fused to Noble Metal	\$245
D6750*	Crown - Porcelain Fused to High Noble Metal	\$245
D6751	Crown - Porcelain Fused to Predominantly Base Metal	\$245
D6752*	Crown - Porcelain Fused to Noble Metal	\$245
D6790*	Crown - Full Cast High Noble Metal	\$245
D6791	Crown - Full Cast Predominantly Base Metal	\$245
D6792*	Crown - Full Cast Noble Metal	\$245
D6794*	Crown Titanium	\$245
D6930	Recement Fixed Partial Denture	\$0
D6973	Core Buildup For Retainer, Including Any Pins	\$10

Prosthodontics – Replacement limited to every 5 (five) years

D5110*	Full Upper Denture	\$325
D5120*	Full Lower Denture	\$325
D5130*	Immediate Full Upper Denture	\$350
D5140*	Immediate Full Lower Denture	\$350
D5211*	Upper Partial Denture - Resin Base (Including Clasps, Rests and Teeth)	\$400
D5212*	Lower Partial Denture - Resin Base (Including Clasps, Rests and Teeth)	\$400
D5213*	Upper Partial Denture - Metal (Including Clasps, Rests and Teeth)	\$425
D5214*	Lower Partial Denture - Metal (Including Clasps, Rests and Teeth)	\$425
D5225*	Upper Partial Denture - Flexible (Including Clasps, Rests and Teeth)	\$425
D5226*	Lower Partial Denture - Flexible (Including Clasps, Rests and Teeth)	\$425
D5281*	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$300
D5410	Adjust Complete Denture Upper	\$10
D5411	Adjust Complete Denture Lower	\$10
D5421	Adjust Partial Denture Upper	\$10
D5422	Adjust Partial Denture Lower	\$10
D5660*	Add Clasp to Existing Partial Denture	\$35

Endodontics (each procedure limited to once per tooth per life)

D3110	Pulp Cap - Direct (Excluding Final Restoration)	\$5
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	\$5
D3220	Pulpotomy - Removal of Pulp, Not Part of a Root Canal	\$30
D3221	Pulpal Debridement (Not to be used when root canal is done on the same day)	\$55
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)	\$40
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)	\$40
D3310	Anterior Root Canal (Permanent Tooth) (Excluding Final Restoration)	\$100
D3320	Bicuspid Root Canal (Permanent Tooth) (Excluding Final Restoration)	\$152
D3330	Molar Root Canal (Permanent Tooth) (Excluding Final Restoration)	\$210
D3331	Treatment of Root Canal Obstruction; Non-Surgical Access	\$85
D3332	Incomplete Endodontic Therapy; Inoperable or Fractured Tooth	\$96
D3333	Internal Root Repair of Perforation Defects	\$85
D3346	Retreatment of Previous Root Canal Therapy – Anterior	\$180
D3347	Retreatment of Previous Root Canal Therapy – Bicuspid	\$280
D3348	Retreatment of Previous Root Canal Therapy – Molar	\$325
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$70
D3352	Apexification/recalcification - interim medication replacement	

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	(apical closure/calcific repair of perforations, root resorption, etc.)	\$70
D3353	Apexification/recalcification - final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)	\$70
D3410	Apicoectomy/Periradicular Surgery Anterior	\$95
D3421	Apicoectomy/Periradicular Surgery - Bicuspid (FirstRoot)	\$95
D3425	Apicoectomy/Periradicular Surgery - Molar (First Root)	\$95
D3426	Apicoectomy/Periradicular Surgery (Each Additional Root)	\$60
D3430	Retrograde Filling - Per Root	\$60
D3450	Root Amputation - Per Root (Not Covered in Conjunction with Procedure D3920)	\$95
D3910	Surgical procedure for isolation of tooth with rubber dam	\$19
D3920	Hemisection (including any root removal), not including root canal therapy	\$90
D3950	Canal preparation and fitting of preformed dowel or post	\$15

Periodontics

D4210	Gingivectomy or Gingivoplasty - 4 or More Teeth, Per Quadrant	\$110
D4211	Gingivectomy or Gingivoplasty - 1 to 3 Teeth, Per Quadrant	\$83
D4240	Gingival Flap, Including Root Planing - 4 or More Teeth, Per Quadrant	\$150
D4241	Gingival Flap, Including Root Planing - 1 to 3 Teeth, Per Quadrant	\$113
D4245	Apically Positioned Flap	\$165
D4249	Clinical Crown Lengthening - Hard Tissue	\$150
D4260	Osseous Surgery - 4 or More Teeth or Bounded Spaces, Per Quadrant	\$300
D4261	Osseous Surgery - 1 to 3 Teeth, Per Quadrant	\$225
D4263	Bone Replacement Graft - First Site in Quadrant	\$180
D4264	Bone Replacement Graft - Each Additional Site in Quadrant Bone	\$95
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$95
D4266	Guided Tissue Regeneration - Resorbable Barrier, Per Site	\$215
D4267	Guided Tissue Regeneration - Nonresorbable Barrier, Per Site (Includes Membrane Removal)	\$255
D4270	Pedicle Soft Tissue Graft Procedure	\$245
D4271	Free Soft Tissue Graft Procedure (Including Donor Site Surgery)	\$245
D4273	Subepithelial connective tissue graft procedures, per tooth	\$75
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$100
D4275	Soft Tissue Allograft	\$380
D4320	Provisional splinting - intracoronal	\$95
D4321	Provisional splinting - extracoronal	\$85
D4341	Periodontal Scaling and Root Planing, Four or More Teeth or Bounded Teeth Spaces Per Quadrant (limited to a maximum of four (4) quadrants will be paid in any combination per 24 calendar months.)	\$50
D4342	Periodontal Scaling and Root Planing- One to Three Teeth, Per Quadrant (limited to a maximum of four (4) quadrants will be paid in any combination per 24 calendar months.)	\$38
D4355	Full Mouth Debridement to Allow Evaluation and Diagnosis (limit once every 5 calendar years)	\$50
D4381	Localized Delivery of Chemotherapeutic Agents, Per Tooth, By Report (limited to once per tooth per (12) months to a maximum of three (3) tooth sites per quadrant, and performed no less than three (3) months following active periodontal therapy.)	\$65
D4910	Periodontal Maintenance (covered only after active periodontal therapy)	\$40
D4911	Additional Periodontal Maintenance Procedures (Beyond 2 per 12 months)	\$55

Extractions/oral and maxillofacial surgery

D7111	Extraction of Coronal Remnants - Deciduous Tooth	\$5
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	\$5
D7210	Surgical Removal of Erupted Tooth - Removal of Bone and/or Sectioning of Tooth And including elevation of mucoperiosteal flap if indicated	\$30

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D7220	Removal of Impacted Tooth - Soft Tissue	\$50
D7230	Removal of Impacted Tooth - Partially Bony	\$65
D7240	Removal of Impacted Tooth - Completely Bony	\$80
D7241	Removal of Impacted Tooth - Completely Bony, Unusual Complications by Report	\$100
D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	\$40
D7270	Tooth Stabilization of Accidentally Evulsed or Displaced Tooth	\$50
D7280	Surgical Access of an Unerupted Tooth (Excluding Wisdom Teeth)	\$100
D7282	Mobilization of erupted or malpositioned tooth to air eruption	\$90
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	\$90
D7285	Biopsy of Oral Tissue - Hard (Bone, Tooth)	\$150
D7286	Biopsy of Oral Tissue - Soft (All Others)	\$60
D7287	Exfoliative Cytological Sample Collection	\$50
D7288	Brush Biopsy - Transepithelial Sample Collection	\$50
D7310	Alveoloplasty with Extractions - Per Quadrant	\$40
D7311	Alveoloplasty with Extractions - Localized, Per Quadrant	\$15
D7320	Alveoloplasty not in Conjunction with Extractions -Per Quadrant	\$60
D7321	Alveoloplasty not in Conjunction with Extractions -Localized, Per Quadrant	\$25
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	\$80
D7472	Removal of Torus Palatinus	\$60
D7473	Removal of Torus Mandibularis	\$60
D7485	Surgical Reduction of Osseous Tuberosity	\$60
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$35
D7511	Drainage of Multiple Facial Spaces	\$35
D7520	Incision and Drainage of Abscess – Extraoral Soft Tissue	\$35
D7521	Incision and Drainage of Abscess – Extraoral Soft Tissue – Complicated (includes Drainage of multiple Facial Spaces)	\$35
D7910	Suture of Recent Small Wounds Up to 5 Cm	\$25
D7960	Frenulectomy (frenectomy or frenotomy) – separate procedure	\$50
D7963	Frenuloplasty	\$50
D7970	Excision of hyperplastic tissue - per arch	\$55
D7971	Excision of pericoronal gingiva	\$40

Repair to prosthetics

D5510*	Repair Broken Complete Denture Base	\$35
D5520*	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	\$35
D5610*	Repair Resin Denture Base	\$35
D5620*	Repair Cast Framework	\$35
D5630*	Repair or Replace Broken Clasp	\$35
D5640*	Replace Broken Teeth - Per Tooth	\$35
D5650*	Add Tooth to Existing Partial Denture	\$35
D5670*	Replace all teeth and acrylic on cast metal framework (maxillary)	\$165
D5671*	Replace all teeth and acrylic on cast metal framework (mandibular)	\$165
D5710*	Rebase Complete Upper Denture	\$75
D5711*	Rebase Complete Lower Denture	\$75
D5720*	Rebase Upper Partial Denture	\$75
D5721*	Rebase Lower Partial Denture	\$75
D5730	Reline Complete Upper Denture (Chairside)	\$65
D5731	Reline Complete Lower Denture (Chairside)	\$65
D5740	Reline Upper Partial Denture (Chairside)	\$65
D5741	Reline Lower Partial Denture (Chairside)	\$65
D5750*	Reline Complete Upper Denture (Laboratory)	\$85
D5751*	Reline Complete Lower Denture (Laboratory)	\$85
D5760*	Reline Upper Partial Denture (Laboratory)	\$85
D5761*	Reline Lower Partial Denture (Laboratory)	\$85
D5810*	Interim Complete Denture (Upper)	\$230
D5811*	Interim Complete Denture (Lower)	\$230

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D5820*	Interim Partial Denture (Upper)	\$160
D5821*	Interim Partial Denture (Lower)	\$170
D5850	Tissue Conditioning, Upper	\$20
D5851	Tissue Conditioning, Lower	\$20
D5862*	Precision Attachment, by report	\$160
D6214*	Pontic Titanium	\$245
D6245*	Pontic - Porcelain/Ceramic	\$245
D6250*	Pontic - Resin with High Noble Metal	\$245
D6251	Pontic - Resin with Predominantly Base Metal	\$245
D6252*	Pontic - Resin with Noble Metal	\$245
D6253*	Provisional pontic	\$0
D6545*	Retainer - cast metal for resin bonded fixed prosthesis	\$150
D6600*	Inlay - porcelain/ceramic, two surfaces	\$245
D6601*	Inlay - porcelain/ceramic, three or more surfaces	\$245
D6602*	Inlay - Cast High Noble Metal, Two Surfaces	\$245
D6603*	Inlay - Cast High Noble Metal, Three or More Surfaces	\$245
D6604	Inlay - Cast Predominantly Base Metal, Two Surfaces	\$245
D6605	Inlay - Cast Predominantly Base Metal, Three or More Surfaces	\$245
D6606*	Inlay - Cast Noble Metal, Two Surfaces	\$245
D6607*	Inlay - Cast Noble Metal, Three or More Surfaces	\$245
D6608*	Onlay - porcelain/ceramic, two surfaces	\$245
D6609*	Onlay - porcelain/ceramic, three or more surfaces	\$245
D6610*	Onlay - Cast High Noble Metal, Two Surfaces	\$245
D6611*	Onlay - Cast High Noble Metal, Three or More Surfaces	\$245
D6612	Onlay - Cast Predominantly Base Metal, Two Surfaces	\$245
D6613	Onlay - Cast Predominantly Base Metal, Three or More Surfaces	\$245
D6614*	Onlay - Cast Noble Metal, Two Surfaces	\$245
D6615*	Onlay - Cast Noble Metal, Three or More Surfaces	\$245
D6710*	Crown - indirect resin based composite	\$245
D6720*	Crown - Resin with High Noble Metal	\$245
D6721	Crown - Resin with Predominantly Base Metal	\$245
D6722*	Crown - Resin with Noble Metal	\$245
D6740*	Crown - Porcelain/Ceramic	\$245
D6780*	Crown - 3/4 Cast High Noble Metal	\$245
D6781	Crown - 3/4 Cast Predominantly Base Metal	\$245
D6782*	Crown - 3/4 Cast Noble Metal	\$245
D6783*	Crown - 3/4 porcelain/ceramic	\$245

Adjunctive General Service

D9110	Palliative (Emergency Treatment of Dental Pain – Minor Procedure)	\$10
D9120	Fixed Partial Denture Sectioning	\$0
D9210	Local Anesthesia Not in Conjunction with Operative or Surgical Procedures	\$0
D9211	Regional Block Anesthesia	\$0
D9212	Trigeminal Division Block Anesthesia	\$0
D9215	Local Anesthesia in conjunction with operative or surgical procedures	\$0
D9220	General Anesthesia - First 30 Minutes (Limited to the Removal of Partial, or Complete Boney Impacted Teeth)	\$150
D9221	General Anesthesia - Additional 15 Minutes (Limited to the Removal of Partial, or Complete Boney Impacted Teeth)	\$45
D9230	Administration of Nitrous Oxide/anxiolysis, analgesia (per 15 minutes)	\$15
D9241	I.V. Conscious Sedation - First 30 Minutes (Limited to the Removal of Partial, or Complete Boney Impacted Teeth)	\$150
D9242	I.V. Conscious Sedation - Additional 15 Minutes (Limited to the Removal of Partial, or Complete Boney Impacted Teeth)	\$45
D9248	Non-intravenous Conscious Sedation	\$15
D9450	Case Presentation, Detailed and Extensive Treatment Planning	\$0

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D9610	Therapeutic Parenteral drug, Single Administration	\$15
D9612	Therapeutic Parenteral drug, Two or More Administrations	\$25
D9630	Other Drugs and/or Medicaments, by Report	\$15
D9910	Application of Desensitizing Medicament	\$15
D9940	Occlusal Guard, by Report	\$85
D9942	Repair and/or Reline of Occlusal Guard	\$40
D9951	Occlusal Adjustment Limited	\$30
D9952	Occlusal Adjustment Complete	\$100

Bleaching

D9972	External Bleaching - Per Arch	\$125
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* Services marked with a single asterisk (*) also require separate payment of laboratory charges (not to exceed \$200). The laboratory charges must be paid to the Participating Dentist in addition to any applicable copayment for the service.

Orthodontic Services**D8070 / D8080**

Comprehensive Orthodontic treatment of the transitional/adolescent dentition. Children up to 19 years of age up to 24 months of routine orthodontic treatment for Class I and Class II cases.

Consultation.....	\$0
Evaluation.....	\$35
Records/Treatment Planning.....	\$250
Orthodontic treatment.....	\$1,850

D8090 Comprehensive Orthodontic treatment of the transitional/adult dentition. Adults 19 years of age and older up to 24 months of routine orthodontic treatment for Class I and Class II cases.

Consultation.....	\$0
Evaluation.....	\$35
Records/Treatment Planning.....	\$250
Orthodontic treatment.....	\$1,850

D8680 Retention \$300

D8693 Rebonding or recementing; and/or repair, as required, of fixed retainers..... \$0

Implant Services:

Implants and implant supported prostheses are covered with a 50% copayment up to an annual maximum benefit of \$1,500 and a \$10,000 lifetime maximum benefit. The Member is responsible for payment of the copayment and any amounts in excess of the annual maximum benefit. No benefits for implants and implant supported prostheses are available after the lifetime maximum is met.

Implants and implant supported prostheses covered under this plan are limited to the replacement of permanent teeth extracted while covered under this plan, or for replacement of a prior prosthesis if it has been at least five years since the prior insertion, and is not, and cannot be made serviceable.

NOTE:

1. Not all Participating Dentists perform all listed procedures, including amalgams. Please consult Your dentist prior to treatment for availability of services.
2. Some Covered Dental Care Services are typically only offered by a specialist (like many oral surgery procedures).

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3. When crown and/or bridgework exceeds six units in the same treatment plan, the patient may be charged and additional \$75 per unit.
4. Additional exclusions and limitations are listed along with full plan information in your Certificate of Dental Benefits.
5. Copayment amounts for listed procedures are applicable at either the Participating General Dentist or Participating Specialist. Specialist services are only available in areas where the dental plan has a Participating Specialist.

Offered and Administered by CompBenefits Company, a Humana company

Notices

The following pages contain important information about certain federal laws. There may be differences between the Certificate of Insurance and this Notice packet. There may also be differences between this notice packet and state law. You are eligible for the rights more beneficial to you, unless preempted by state or federal law.

This section includes notices about:

Claims procedures

Federal legislation

Medical child support orders

Continuation of coverage for full-time students during medical leave of absence

General notice of COBRA continuation of coverage rights

Family and Medical Leave Act (FMLA)

Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA)

Your Rights under ERISA

Discrimination Notice

Claim procedures

The Employee Retirement Income Security Act of 1974 (ERISA) established minimum requirements for claims procedures. Humana complies with these standards. Covered persons in insured plans subject to ERISA should also consult their insurance benefit plan documents (e.g., the Certificate of Insurance or Evidence of Coverage). Humana complies with the requirements set forth in any such benefit plan document issued by it with respect to the plan unless doing so would prevent compliance with the requirements of the federal ERISA statute and the regulations issued thereunder. The following claims procedures are intended to comply with the ERISA claims regulation, and should be interpreted consistent with the minimum requirements of that regulation. Covered persons in plans not subject to ERISA should consult their benefit plan documents for the applicable claims and appeals procedures.

Discretionary authority

With respect to paying claims for benefits or determining eligibility for coverage under a policy issued by Humana, Humana as administrator for claims determinations and as ERISA claims review fiduciary, shall have full and exclusive discretionary authority to:

1. Interpret plan provisions;
2. Make decisions regarding eligibility for coverage and benefits; and
3. Resolve factual questions relating to coverage and benefits.

Claim procedures

Definitions

Adverse determination: means a decision to deny benefits for a pre-service claim or a post-service claim under a group health and/or dental plan.

Claimant: A covered person (or authorized representative) who files a claim.

Concurrent-care Decision: A decision by the plan to reduce or terminate benefits otherwise payable for a course of treatment that has been approved by the plan (other than by plan amendment or termination) or a decision with respect to a request by a Claimant to extend a course of treatment beyond the period of time or number of treatments that has been approved by the plan.

Group health plan: an employee welfare benefit plan to the extent the plan provides dental care to employees or their dependents directly (self insured) or through insurance (including HMO plans), reimbursement or otherwise.

Health insurance issuer: the offering company listed on the face page of your Certificate of Insurance or Certificate of Coverage and referred to in this document as "Humana."

Post-service Claim: Any claim for a benefit under a group health plan that is not a Pre-service Claim.

Pre-service Claim: A request for authorization of a benefit for which the plan conditions receipt of the benefit, in whole or in part, on advance approval.

Urgent-care Claim (expedited review): A claim for covered services to which the application of the time periods for making non-urgent care determinations:

could seriously jeopardize the life or health of the covered person or the ability of the covered person to regain maximum function; or

in the opinion of a physician with knowledge of the covered person's medical condition, would subject the covered person to severe pain that cannot be adequately managed without the service that is the subject of the claim.

Humana will make a determination of whether a claim is an Urgent-care Claim. However, any claim a physician, with knowledge of a covered person's medical condition, determines is a "Urgent-care Claim" will be treated as a "claim involving urgent care."

Submitting a claim

This section describes how a Claimant files a claim for plan benefits.

A claim must be filed in writing and delivered by mail, postage prepaid, by FAX or e-mail. A request for pre-authorization may be filed by telephone. The claim or request for pre-authorization must be submitted to Humana or to Humana's designee at the address indicated in the covered person's benefit plan document or identification card. Claims will be not be deemed submitted for purposes of these procedures unless and until received at the correct address.

Claims submissions must be in a format acceptable to Humana and compliant with any legal requirements. Claims not submitted in accordance with the requirements of applicable federal law respecting privacy of protected health information and/or electronic claims standards will not be accepted by Humana.

Claims submissions must be timely. Claims must be filed as soon as reasonably possible after they are incurred, and in no event later than the period of time described in the benefit plan document.

Claims submissions must be complete and delivered to the designated address. At a minimum they must include:

- Name of the covered person who incurred the covered expense.
- Name and address of the provider
- Diagnosis
- Procedure or nature of the treatment
- Place of service
- Date of service
- Billed amount

A general request for an interpretation of plan provisions will not be considered a claim. Requests of this type, such as a request for an interpretation of the eligibility provisions of the plan, should be directed to the plan administrator.

Procedural defects

If a Pre-service Claim submission is not made in accordance with the plan's requirements, Humana will notify the Claimant of the problem and how it may be remedied within five (5) days (or within 24 hours, in the case of an Urgent-care Claim). If a Post-service Claim is not made in accordance with the plan's requirement, it will be returned to the submitter.

Authorized representatives

A covered person may designate an authorized representative to act on his or her behalf in pursuing a benefit claim or appeal. The authorization must be in writing and authorize disclosure of health information. If a document is not sufficient to constitute designation of an authorized representative, as determined by Humana, the plan will not consider a designation to have been made. An assignment of benefits does not constitute designation of an authorized representative.

- Any document designating an authorized representative must be submitted to Humana in advance or at the time an authorized representative commences a course of action on behalf of the covered person. Humana may verify the designation with the covered person prior to recognizing authorized representative status.
- In any event, a health care provider with knowledge of a covered person's medical condition acting in connection with an Urgent-care Claim will be recognized by the plan as the covered person's authorized representative.

Covered persons should carefully consider whether to designate an authorized representative. Circumstances may arise under which an authorized representative may make decisions independent of the covered person, such as whether and how to appeal a claim denial.

Claims decisions

After a determination on a claim is made, Humana will notify the Claimant within a reasonable time, as follows:

Pre-service claims

Humana will provide notice of a favorable or *adverse determination* within a reasonable time appropriate to the medical circumstances but no later than 15 days after the plan receives the claim.

This period may be extended by an additional 15 days, if Humana determines the extension is necessary due to matters beyond the control of the plan. Before the end of the initial 15-day period, Humana will notify the Claimant of the circumstances requiring the extension and the date by which Humana expects to make a decision.

If the reason for the extension is because Humana does not have enough information to decide the claim, the notice of extension will describe the required information, and the Claimant will have at least 45 days from the date the notice is received to provide the necessary information.

Urgent-care claims (expedited review)

Humana will determine whether a particular claim is an Urgent-care Claim. This determination will be based on information furnished by or on behalf of a covered person. Humana will exercise its judgment when making the determination with deference to the judgment of a physician with knowledge of the covered person's condition. Humana may require a Claimant to clarify the medical urgency and circumstances supporting the Urgent-care Claim for expedited decision-making.

Notice of a favorable or *adverse determination* will be made by Humana as soon as possible, taking into account the medical urgency particular to the covered person's situation, but not later than 72 hours after receiving the Urgent-care Claim.

If a claim does not provide sufficient information to determine whether, or to what extent, services are covered under the plan, Humana will notify the Claimant as soon as possible, but not more than 24 hours after receiving the Urgent-care Claim. The notice will describe the specific information necessary to complete the claim. The Claimant will have a reasonable amount of time, taking into account the covered person's circumstances, to provide the necessary information – but not less than 48 hours.

Humana will provide notice of the plan's Urgent-care Claim determination as soon as possible but no more than 48 hours after the earlier of:

- The plan receives the specified information; or
- The end of the period afforded the Claimant to provide the specified additional information.

Concurrent-care decisions

Humana will notify a Claimant of a Concurrent-care Decision involving a reduction or termination of pre-authorized benefits sufficiently in advance of the reduction or termination to allow the Claimant to appeal and obtain a determination.

Humana will decide Urgent-care Claims involving an extension of a course of treatment as soon as possible taking into account medical circumstances. Humana will notify a Claimant of the benefit determination, whether adverse or not, within 24 hours after the plan receives the claim, provided the claim is submitted to the plan 24 hours prior to the expiration of the prescribed period of time or number of treatments.

Post-service claims

Humana will provide notice of a favorable or *adverse determination* within a reasonable time appropriate to the medical circumstances but no later than 30 days after the plan receives the claim.

This period may be extended an additional 15 days, if Humana determines the extension is necessary due to matters beyond the plan's control. Before the end of the initial 30-day period, Humana will notify the affected Claimant of the extension, the circumstances requiring the extension and the date by which the plan expects to make a decision.

If the reason for the extension is because Humana does not have enough information to decide the claim, the notice of extension will describe the required information, and the Claimant will have at least 45 days from the date the notice is received to provide the specified information. Humana will make a decision on the earlier of the date on which the Claimant responds or the expiration of the time allowed for submission of the requested information.

Initial denial notices

Notice of a claim denial (including a partial denial) will be provided to Claimants by mail, postage prepaid, by FAX or by e-mail, as appropriate, within the time frames noted above. With respect to adverse decisions involving Urgent-care Claims, notice may be provided to Claimants orally within the time frames noted above. If oral notice is given, written notification must be provided no later than 3 days after oral notification.

A claims denial notice will convey the specific reason for the *adverse determination* and the specific plan provisions upon which the determination is based. The notice will also include a description of any additional information necessary to perfect the claim and an explanation of why such information is necessary. The notice will disclose if any internal plan rule, protocol or similar criterion was relied upon to deny the claim. A copy of the rule, protocol or similar criterion will be provided to Claimants, free of charge, upon request.

The notice will describe the plan's review procedures and the time limits applicable to such procedures, including a statement of the Claimant's right to bring a civil action under ERISA Section 502(a) following an adverse benefit determination on review.

If an *adverse determination* is based on medical necessity, experimental treatment or similar exclusion or limitation, the notice will state that an explanation of the scientific or clinical basis for the determination will be provided, free of charge, upon request. The explanation will apply the terms of the plan to the covered person's medical circumstances.

In the case of an adverse decision of an Urgent-care Claim, the notice will provide a description of the plan's expedited review procedures

Appeals of Adverse Determinations

A Claimant must appeal an *adverse determination* within 180 days after receiving written notice of the denial (or partial denial). An appeal may be made by a Claimant by means of written application to Humana, in person, or by mail, postage prepaid.

A Claimant, on appeal, may request an expedited appeal of an adverse Urgent-care Claim decision orally or in writing. In such case, all necessary information, including the plan's benefit determination on review, will be transmitted between the plan and the Claimant by telephone, facsimile, or other available similarly expeditious method, to the extent permitted by applicable law

Determination of appeals of denied claims will be conducted promptly, will not defer to the initial determination and will not be made by the person who made the initial adverse claim determination or a subordinate of that person. The determination will take into account all comments, documents, records, and other information submitted by the Claimant relating to the claim.

On appeal, a Claimant may review relevant documents and may submit issues and comments in writing. A Claimant on appeal may, upon request, discover the identity of medical or vocational experts whose advice was obtained on behalf of the plan in connection with the *adverse determination* being appealed, as permitted under applicable law.

If the claims denial is based in whole, or in part, upon a medical judgment, including determinations as to whether a particular treatment, or other service is experimental, investigational, or not medically necessary or appropriate, the person deciding the appeal will consult with a health care professional who has appropriate training and experience in the field of medicine involved in the medical judgment. The consulting health care professional will not be the same person who decided the initial appeal or a subordinate of that person.

Time periods for decisions on appeal

Appeals of claims denials will be decided and notice of the decision provided as follows:

Urgent-care Claims	As soon as possible but no later than 72 hours after Humana receives the appeal request.
Pre-service Claims	Within a reasonable period but no later than 30 days after Humana receives the appeal request.
Post-service Claims	Within a reasonable period but no later than 60 days after Humana receives the appeal request.
Concurrent-care Decisions	Within the time periods specified above depending on the type of claim involved.

Appeals denial notices

Notice of a claim denial (including a partial denial) will be provided to Claimants by mail, postage prepaid, by FAX or by e-mail, as appropriate, within the time periods noted above.

A notice that a claim appeal has been denied will include:

- The specific reason or reasons for the *adverse determination*;
- Reference to the specific plan provision upon which the determination is based;
- If any internal plan rule, protocol or similar criterion was relied upon to deny the claim. A copy of the rule, protocol or similar criterion will be provided to the Claimant, free of charge, upon request;
- A statement describing any voluntary appeal procedures offered by the plan and the claimant's right to obtain the information about such procedures, and a statement about the Claimant's right to bring an action under section 502(a) of ERISA;
- If an *adverse determination* is based on medical necessity, experimental treatment or similar exclusion or limitation, the notice will state that an explanation of the scientific or clinical basis for the determination will be provided, free of charge, upon request. The explanation will apply the terms of the plan to the covered person's medical circumstances.

In the event an appealed claim is denied, the Claimant will be entitled to receive without charge reasonable access to, and copies of, any documents, records or other information that:

- Was relied upon in making the determination;
- Was submitted, considered or generated in the course of making the benefit determination, without regard to whether such document, record or other information was relied upon in making the benefit determination;
- Demonstrates compliance with the administrative processes and safeguards required in making the determination;
- Constitutes a statement of policy or guidance with respect to the plan concerning the denied treatment option or benefit for the claimant's diagnosis, without regard to whether the statement was relied on in making the benefit determination.

Exhaustion of remedies

Upon completion of the appeals process under this section, a Claimant will have exhausted his or her administrative remedies under the plan. If Humana fails to complete a claim determination or appeal within the time limits set forth above, the claim shall be deemed to have been denied and the Claimant may proceed to the next level in the review process.

After exhaustion of remedies, a Claimant may pursue any other legal remedies available, which may include bringing civil action under ERISA section 502(a) for judicial review of the plan's determination. Additional information may be available from the local U.S. Department of Labor Office.

Legal actions and limitations

No lawsuit may be brought with respect to plan benefits until all remedies under the plan have been exhausted.

No lawsuit with respect to plan benefits may be brought after the expiration of the applicable limitations period stated in the benefit plan document. If no limitation is stated in the benefit plan document, then no such suit may be brought after the expiration of the applicable limitations under applicable law.

Medical child support orders

An individual who is a child of a covered employee shall be enrolled for coverage under the group health plan in accordance with the direction of a Qualified Medical Child Support Order (QMCSO) or a National Medical Support Notice (NMSO).

A QMCSO is a state-court order or judgment, including approval of a settlement agreement that:

- provides for support of a covered employee's child;
- provides for health care coverage for that child;
- is made under state domestic relations law (including a community property law);
- relates to benefits under the group health plan; and
- is "qualified," i.e., it meets the technical requirements of ERISA or applicable state law.

QMCSO also means a state court order or judgment enforcing state Medicaid law regarding medical child support required by the Social Security Act § 1908 (as added by Omnibus Budget Reconciliation Act of 1993).

An NMSO is a notice issued by an appropriate agency of a state or local government that is similar to a QMCSO requiring coverage under the group health plan for a dependent child of a non-custodial parent who is (or will become) a covered person by a domestic relations order providing for health care coverage.

Procedures for determining the qualified status of medical child support orders are available at no cost upon request from the plan administrator.

Continuation of coverage for full-time students during medical leave of absence

A dependent child who is in regular full-time attendance at an accredited secondary school, college or university, or licensed technical school continues to be eligible for coverage for until the earlier of the following if the dependent child takes a medically necessary leave of absence:

- Up to one year after the first day of the medically necessary leave of absence; or
- The date coverage would otherwise terminate under the plan.

We may require written certification from the dependent child's health care practitioner that the dependent child has a serious bodily injury or sickness requiring a medically necessary leave of absence.

General notice of COBRA continuation coverage rights

Introduction

You are getting this notice because you recently gained coverage under a group health and/or dental plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health and/or dental coverage. It can also become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you too lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced; or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you too lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to the employer, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA coverage available?

The plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- the end of employment or reduction of hours of employment;
- death of the employee;
- commencement of a proceeding in bankruptcy with respect to the employer; or
- the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs.

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events or a second qualifying event during the initial period of coverage may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of

- **continuation coverage** - If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage

Second qualifying event extension of 18-month period of

- **continuation coverage** - If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, or other laws affecting your group health and/or dental plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit at www.dol.gov/ebsa. (address and phone numbers of Regional and District EBSA Office are available through EBSA's website.)

Keep your plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information:

Humana
Billing/Enrollment Department
101 E Main Street
Louisville, KY 40201
1-800-872-7207

Family and Medical Leave Act (FMLA)

If an employee is granted a leave of absence (Leave) by the employer as required by the Federal Family and Medical Leave Act, s/he may continue to be covered under the plan for the duration of the Leave under the same conditions as other employees who are currently employed and covered by the plan. If the employee chooses to terminate coverage during the Leave, or if coverage terminates as a result of nonpayment of any required contribution, coverage may be reinstated on the date the employee returns to work immediately following the end of the Leave. Charges incurred after the date of reinstatement will be paid as if the employee had been continuously covered.

Uniformed Services Employment and Reemployment Rights Act of 1994***Continuation of benefits***

Effective October 13, 1994, federal law requires health plans offer to continue coverage for employees that are absent due to service in the uniformed services and/or dependents.

Eligibility

An employee is eligible for continuation under USERRA if he or she is absent from employment because of voluntary or involuntary performance of duty in the Armed Forces, Army National Guard, Air National Guard, or commissioned corps of the Public Health Service. Duty includes absence for active duty, active duty for training, initial active duty for training, inactive duty training and for the purpose of an examination to determine fitness for duty.

An employee's dependents that have coverage under the plan immediately prior to the date of the employee's covered absence are eligible to elect continuation under USERRA.

If continuation of Plan coverage is elected under USERRA, the employee or dependent is responsible for payment of the applicable cost of coverage. If the employee is absent for not longer than 31 days, the cost will be the amount the employee would otherwise pay for coverage. For absences exceeding 30 days, the cost may be up to 102% of the cost of coverage under the plan. This includes the employee's share and any portion previously paid by the employer.

Duration of coverage

If elected, continuation coverage under USERRA will continue until the earlier of:

- 24 months beginning the first day of absence from employment due to service in the uniformed services; or
- The day after the employee fails to apply for a return to employment as required by USERRA, after the completion of a period of service.

Under federal law, the period coverage available under USERRA shall run concurrently with the COBRA period available to an employee and/or eligible dependent.

Other information

Employees should contact their employer with any questions regarding coverage normally available during a military leave of absence or continuation coverage and notify the employer of any changes in marital status, or change of address.

Your Rights Under the Employment Rights Income Security Act of 1974 (ERISA)

Under ERISA, all plan participants covered by ERISA are entitled to certain rights and protections, as described below. Notwithstanding anything in the group health plan or group insurance policy, following are a covered person's minimum rights under ERISA. ERISA requirements do not apply to plans maintained by governmental agencies or churches.

Information about the plan and benefits

Plan participants may:

- Examine, free of charge, all documents governing the plan. These documents are available in the plan administrator's office.
- Obtain, at a reasonable charge, copies of documents governing the plan, including a copy of any updated summary plan description and a copy of the latest annual report for the plan (Form 5500), if any, by writing to the plan administrator.
- Obtain, at a reasonable charge, a copy of the latest annual report (Form 5500) for the plan, if any, by writing to the plan administrator.

As a plan participant, you will receive a summary of any material changes made in the plan within 210 days after the end of the plan year in which the changes are made unless the change is a material reduction in covered services or benefits, in which case you will receive a summary of the material reduction within 60 days after the date of its adoption.

If the plan is required to file a summary annual financial report, you will receive a copy from the plan administrator.

Responsibilities of plan fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the plan. These people, called "fiduciaries" of the plan, have a duty to act prudently and in the interest of plan participants and beneficiaries.

No one, including an employer, may discharge or otherwise discriminate against a plan participant in any way to prevent the participant from obtaining a benefit to which the participant is otherwise entitled under the plan or from exercising ERISA rights.

Continue group health plan coverage

Participants may be eligible to continue health care coverage for themselves, their spouse or dependents if there is a loss of coverage under the group health plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review the COBRA notice in this document regarding the rules governing COBRA continuation coverage rights.

Claims determinations

If a claim for a plan benefit is denied or disregarded, in whole or in part, participants have the right to know why this was done, to obtain copies of documents relating to the decision without charge and to appeal any denial within certain time schedules.

Enforce your rights

Under ERISA, there are steps participants may take to enforce the above rights. For instance:

- if a participant requests a copy of plan documents and does not receive them within 30 days, the participant may file suit in a Federal court. In such a case, the court may require the plan administrator to provide the materials and pay you up to \$ 110 a day until the participant receives the materials, unless the materials were not sent because of reasons beyond the control of the plan administrator;
- if a claim for benefits is denied or disregarded, in whole or in part, the participant may file suit in a state or Federal court;
- if the participant disagrees with the plan's decision, or lack thereof, concerning the qualified status of a domestic relations order or a medical child support order, the participant may file suit in Federal court;
- if plan fiduciaries misuse the plan's money, or if participants are discriminated against for asserting their rights, they may seek assistance from the U.S. Department of Labor, or may file suit in a Federal court.

The court will decide who should pay court costs and legal fees. If the participant is successful, the court may order the person sued to pay costs and fees. If the participant loses, the court may order the participant to pay the costs and fees.

Assistance with questions

- Contact the group health plan human resources department or the plan administrator with questions about the plan;
- For questions about ERISA rights, contact the nearest area office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or:

The Division of Technical Assistance and Inquiries
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue N.W.
Washington, D.C. 20210;

- Call the publications hotline of the Employee Benefits Security Administration to obtain publications about ERISA rights.

Discrimination is Against the Law

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Humana Inc. and its subsidiaries provide:

- Free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.
- Free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call the number on your ID card or, if you use a TTY, call 711.

If you believe that Humana Inc. and its subsidiaries have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Discrimination Grievances
P.O. Box 14618
Lexington, KY 40512-4618

If you need help filing a grievance, call the number on your ID card or if you use a TTY, call 711.

You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Interpreter Services

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call the number on your ID card (TTY: 711).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación (TTY: 711).

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電會員卡上的電話號碼 (TTY: 711)。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số điện thoại ghi trên thẻ ID của quý vị (TTY: 711).

한국어 (Korean): 주의 : 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 . ID 카드에 적혀 있는 번호로 전화해 주십시오 (TTY: 711).

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tawagan ang numero na nasa iyong ID card (TTY: 711).

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Наберите номер, указанный на вашей карточке-удостоверении (телетайп: 711).

Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele nimewo ki sou kat idantite manm ou (TTY: 711).

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro figurant sur votre carte de membre (ATS : 711).

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Proszę zadzwonić pod numer podany na karcie identyfikacyjnej (TTY: 711).

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para o número presente em seu cartão de identificação (TTY: 711).

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero che appare sulla tessera identificativa (TTY: 711).

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Wählen Sie die Nummer, die sich auf Ihrer Versicherungskarte befindet (TTY: 711).

日本語 (Japanese): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。お手持ちの ID カードに記載されている電話番号までご連絡ください (TTY : 711)。

فارسی (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.
با شماره تلفن روی کارت شناسایی تان تماس بگیرید (TTY: 711).

Diné Bizaad (Navajo): Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, námbóo ninaaltsoos yézhí, bee nées ho'dółzin bikáá'ígíí bee hólne' (TTY: 711).

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم الهاتف الموجود على بطاقة الهوية الخاصة بك (رقم هاتف الصم والبكم: 711).

Humana Dental PPO 09

FLORIDA

City of Fort Lauderdale

	If you use IN-NETWORK provider		If you use OUT-OF-NETWORK provider	
Calendar-year deductible (excludes orthodontia services)	Individual \$0	Family \$0	Individual \$100	Family \$300
Annual maximum (excludes orthodontia services)	\$1,500			
Preventive services <ul style="list-style-type: none">• Oral examinations• X-rays• Cleanings• Topical fluoride treatment (through age 14, one per calendar year)• Sealants (through age 14)• Emergency care for pain relief	100%		100% no deductible of maximum allowed fee	
Basic services <ul style="list-style-type: none">• Space maintainers (through age 14)• Basic oral surgery services - basic extractions of erupted tooth or root• Fillings (amalgam, composite for anterior teeth)• Appliances for children (through age 14)• Prefabricated stainless steel crowns• Complex surgical extractions - surgical removal of erupted tooth, impacted tooth, and tooth roots• Composite fillings for molars• Denture repair and adjustments• Periodontics• Endodontics (root canal)	100%		60% after deductible of maximum allowed fee	
Major services <ul style="list-style-type: none">• Crowns• Inlays and onlays• Bridgework• Dentures• Denture relines and rebases• Denture repair and adjustments• Implant	60%		60% after deductible of maximum allowed fee	
Orthodontia	Adult/child orthodontia - Plan pays 60 percent (no deductible) of the covered orthodontia services, up to: \$2,500 lifetime orthodontia maximum.			

Non-participating dentists can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist.

HumanaDental PPO 09

Waiting periods

Employer-sponsored funding: 10+ enrolled employees

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	No	No
Late applicant ¹	No	12 months	12 months	12 months

¹ Late applicants not allowed with open enrollment option.

HumanaDental PPO 09

Waiting periods

Voluntary funding: 10+ enrolled employees

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	No	12 months ¹
Late applicant ²	No	12 months	12 months	12 months

¹ The 12-month waiting period may be decreased or waived based on the number of months the member had dental coverage immediately before joining the HumanaDental plan. Members must have prior orthodontic coverage to reduce or waive the waiting period under orthodontia.

² Late applicants not allowed with open enrollment option.

Humana Dental PPO 09

Feel good about choosing a HumanaDental plan

Make regular dental visits a priority

Regular cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.* Your HumanaDental PPO plan focuses on prevention and early diagnosis, providing four exams and cleanings every calendar year: two regular and two periodontal.

* www.perio.org

Go to MyDentalIQ.com

Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

Tips to ensure a healthy mouth

- Use a soft-bristled toothbrush
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Floss daily
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings

Did you know that 74 percent of adult Americans believe an unattractive smile could hurt a person's chances for career success?* HumanaDental helps you feel good about your dental health so you can smile confidently.

* American Academy of Cosmetic Dentistry

Questions?

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit HumanaDental.com.

Use your HumanaDental benefits

Find a dentist

With HumanaDental's PPO plan, you can see any dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in the HumanaDental PPO Network. To find a dentist in HumanaDental's PPO Network, log on to **Humana.com** or call 1-800-233-4013.

Know what your plan covers

The other side of this page gives you a summary of HumanaDental benefits. Your plan certificate describes your HumanaDental benefits, including limitations and exclusions. You can find it on MyHumana, your personal page at **HumanaDental.com** or call 1-800-233-4013.

See your dentist

Your HumanaDental identification card contains all the information your dentist needs to submit your claims. Be sure to share it with the office staff when you arrive for your appointment. If you don't have your card, you can print proof of coverage at **Humana.com**.

Learn what your plan paid

After HumanaDental processes your dental claim, you will receive an explanation of benefits or claims receipt. It provides detailed information on covered dental services, amounts paid, plus any amount you may owe your dentist. You can also check the status of your claim on MyHumana at **Humana.com** or by calling 1-800-233-4013.

Humana group dental plans are offered by Humana Insurance Company, HumanaDental Insurance Company, Humana Insurance Company of New York, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc., Humana Medical Plan of Utah, CompBenefits Company, CompBenefits Dental, Inc., Humana Employers Health Plan of Georgia, Inc. or DentiCare, Inc. (d/b/a CompBenefits)

This is not a complete disclosure of plan qualifications and limitations. Your agents will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.

Humana®

Humana.com



Employer: CITY OF FORT LAUDERDALE

Group Number: 573978

Dental Plan Certificate of Insurance

Humana Insurance Company

This certificate outlines the insurance provided by the group policy. It is not an insurance policy. It does not extend or change the coverage listed in the group policy. The insurance described in this certificate is subject to the provisions, terms, exclusions and conditions of the group policy.

We will amend this certificate to conform to the minimum requirements of Florida laws. This certificate replaces any certificate previously issued under the provisions of the group policy.

This certificate contains a deductible and excess coverage provision.

If *you* should have any questions arise regarding *your* coverage, or if *you* need assistance in resolving a complaint, contact *us* at 1-800-233-4013.



Bruce Broussard
President

Humana

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Benefits

Policyholder (Employer): CITY OF FORT LAUDERDALE
Group Number: 573978
Coverage Effective Date: 01/01/2017

Summary of your benefits

This summary provides an overview of plan *benefits*. Refer to the **Your plan benefits** and **Waiting periods** provisions for detailed descriptions, including additional limitations or exclusions. Paid *benefits* are based on the *reimbursement limit*.

Any *covered expense* that is applied to any *maximum benefit* or *deductible* will be applied equally toward the satisfaction of both the PPO Provider and corresponding Non-PPO Provider *maximum benefit* or *deductible*.

Dental benefits

Individual maximum benefit:

\$1,500 per year per member for Preventive, Basic and Major *services* when *services* are provided by a PPO *dentist*.

\$1,500 per year per member for Preventive, Basic and Major *services* when *services* are provided by a Non-PPO *dentist*.

Individual deductible:

\$0 per year per member for Basic and Major *services* when *services* are provided by a PPO *dentist*.

\$100 per year per member for Basic and Major *services* when *services* are provided by a Non-PPO *dentist*.

Maximum family deductible:

Covered expenses applied to the plan *deductible* of each covered member are combined to a year maximum of \$0 when *services* are provided by a PPO *dentist*.

Covered expenses applied to the plan *deductible* of each covered member are combined to a year maximum of \$300 when *services* are provided by a Non-PPO *dentist*.

Orthodontic lifetime maximum benefit

\$2,500 per member when *services* are provided by a PPO *dentist*.

\$2,500 per member when *services* are provided by a Non-PPO *dentist*.

Benefits

Preventive Services:

Preferred Provider Benefits: Benefits are paid at 100%.

Non-Preferred Provider Benefits: Benefits are paid at 100%.

1. Routine teeth cleaning (prophylaxis)
2. Topical fluoride treatment
3. Sealants
4. Oral examinations
5. Complete intra-oral X-ray series
6. Panoramic X-rays
7. Bitewing X-rays

Basic Services:

Preferred Provider Benefits: Benefits are paid at 100% after the *deductible*.

Non-Preferred Provider Benefits: Benefits are paid at 60% after the *deductible*.

1. Fillings (amalgam and composite restorations)
2. Non-surgical extractions
3. Non-surgical residual root removal
4. Non-cast prefabricated crowns
5. Emergency exam and palliative care for pain relief
6. Space maintainers
7. Harmful habits and thumb-sucking appliances
8. Partial and denture repairs and adjustments
9. Oral surgery
10. Periapical X-rays
11. Periodontics (gum disease)
12. Endodontics (root canals)

Major Services:

Preferred Provider Benefits: Benefits are paid at 60% after the *deductible*.

Non-Preferred Provider Benefits: Benefits are paid at 60% after the *deductible*.

1. Crowns
2. Inlays and onlays
3. Removable or fixed bridgework
4. Partial or complete dentures
5. Denture relines or rebases

Orthodontic Services:

Preferred Provider Benefits: Benefits are paid at 60%.

Non-Preferred Provider Benefits: Benefits are paid at 60%.

Please refer to the Orthodontic Services Rider of *your* certificate to determine who is eligible for coverage under this *benefit*.

Benefits

Waiting periods

This provision describes to the *employer* the waiting period criteria that will apply to *members* before *benefits* are available for *covered services*. *Dependents* added after the effective date of the *employee* may be subject to a separate waiting period. Please call *us* for the waiting period that applies to those *dependents*.

Any *member* who is a *late applicant*, is subject to a 12-month waiting period before he or she is eligible for coverage for any *service* except Preventive *services*.

If *members* enroll timely, Major and Orthodontic *services* MAY be subject to a 12-month waiting period before they are eligible for coverage. This 12-month waiting period can be decreased by the amount of time *members* had prior dental coverage immediately before their coverage with *us*.

If a member has continuous dental coverage without a break of more than 63 days between the termination of creditable coverage and his or her enrollment date under the policy, any period of time that was satisfied under the prior plan will be applied to the appropriate waiting periods under the policy, if any. The *employee* will then be eligible for benefits under the policy when the balance of the waiting period has been satisfied, whether the *member* is timely or a *late applicant*.

Please see *your* Summary of Benefits for waiting period provisions that are specific to *you*.

Preventive Services:

No waiting periods apply to Preventive *services*.

Basic Services:

No waiting periods apply to Basic *services*, unless *members* are *late applicants*.

If *members* are *late applicants*, he or she must be insured under this policy for a period of 12 continuous months before Basic *services* will be covered.

Major Services:

For Major *services*, coverage is effective as follows:

Groups with fewer than 10 dental lives with no prior dental coverage, coverage is effective 12 months after the effective date of coverage.

Groups with fewer than 10 dental lives with prior dental coverage, coverage is effective on the effective date of coverage.

Groups with more than 10 dental lives with or without prior dental coverage, coverage is effective on the effective date of coverage.

For a *late applicant* added after the group's effective date under this policy, he or she MUST be insured under this policy for a period of 12 consecutive months before Major Services will be covered.

Benefits

Orthodontic Services:

Groups with fewer than 10 dental lives with no prior orthodontia coverage, orthodontia coverage is effective 12 months after the effective date of coverage.

Groups with fewer than 10 dental lives with prior dental and orthodontia coverage, orthodontia coverage is effective on the effective date of coverage.

Groups with fewer than 10 dental lives, orthodontic coverage is effective 12 months after the effective date of the covered *member* added after the effective date of the group's Policy.

Groups with more than 10 dental lives, orthodontia coverage is effective on the effective date of coverage.

Benefits

Your plan benefits

We pay *benefits* on *covered expenses* as explained in the **How your plan works** section. *Benefits* for *covered services* explained below are limited to the *maximum benefit* shown in the **Summary of your benefits**.

Preventive services

1. Oral evaluations (periodic, limited, comprehensive and problem focused) - two per *year*.
2. Periodontal evaluations - two per *year*.
3. Cleaning (prophylaxis), including all scaling and polishing procedures – four per *year*. Only four cleanings will be allowed per *year*, either for routine cleanings or periodontal cleanings.
4. For members age 40 and older, oral cancer screening – one per *year*.
5. Intra-oral complete series X-rays (at least 14 films, including bitewings), or panoramic X-ray – once every three years. If the total cost of periapical and bitewing X-rays exceeds the cost of a complete series of X-rays, the plan will consider these as a complete series.
6. Bitewing X-rays – two sets per *year*.
7. Topical fluoride treatment – provided to *dependents* age 14 and younger. *Service* is payable once per *year*.
8. Sealants – application provided to *dependents* age 14 and younger to the occlusal surface of permanent molars that are free of decay and restorations. *Service* is payable once per tooth per lifetime.

We will not cover preventive control programs including, but not limited to, oral hygiene instructions, plaque control, take-home items, prescriptions and dietary planning.

Basic services

1. Amalgam restorations (fillings) – limit to one per tooth in a two *year* period. Multiple restorations on one surface are considered one restoration.
2. Composite restorations (fillings) limited to one per tooth in a two *year* period. Multiple restorations on one surface are considered one restoration.
3. Recementing of inlays, onlays, crowns and bridges.
4. Non-cast pre-fabricated crowns – *service* on primary teeth that cannot be adequately restored with amalgam or composite restorations.
5. Space maintainers for retaining space when a primary tooth is prematurely lost. *Services* are payable only for *dependents* age 14 and younger for the installation of the initial appliance. Separate adjustment expenses will not be covered.

Benefits

6. Fixed and removable appliances to inhibit thumb sucking and other harmful habits. *Services* are payable only for *dependents* age 14 and younger for the installation of the initial appliance. Separate adjustment expenses will not be covered.
7. *Emergency* care – treatment for the initial *palliative* care of pain and/or injury. *Services* include *palliative* procedures for treatment to the teeth and supporting structures. We will consider the *service* as a separate *benefit* only if no other *service*, except X-rays, is provided during the same visit.
8. Full or partial denture repair.
9. Denture adjustments – procedure available only for adjustments done by a *dentist* other than the one providing the denture, or adjustments performed more than six months after initial installation.
10. Other X-rays – only to diagnose specific treatment.

Simple oral surgery services

1. Extraction - coronal remnants of a deciduous tooth.
2. Extraction - erupted tooth or exposed root.

Complex oral surgery services

1. Surgical extractions.
2. Bone Smoothing.
3. Trim or Remove over growth or non vital tissue or bone.
4. Removal of tooth or root from sinus and closing opening between mouth and sinus.
5. Surgical access of an erupted tooth.
6. Mobilization of erupted or malpositioned tooth to aid eruption; or, surgical reposition of teeth.
7. Excision or removal of benign oral cysts or tumors.
8. Bone, cartilage, or synthetic grafts.
9. General anesthesia when *medically necessary* and administered by a *dentist* in conjunction with a covered oral surgical procedure.

No benefit is payable for:

1. Any *services* for orthognathic surgery.
2. Any *services* for destruction of lesions by any method.
3. Any *services* for tooth transplantation.
4. Any *services* for removal of a foreign body from the oral tissue or bone.
5. Any *services* for reconstruction of surgical, traumatic, or congenital defects of the facial bones.
6. Any surgical or nonsurgical treatment for any jaw joint problems, including any temporomandibular joint disorder, craniomaxillary, craniomandibular disorder or other conditions of the joint linking the jaw bone and skull; or treatment of the facial muscles used in expression and chewing functions, for symptoms including, but not limited to, headaches.
7. Any *services* generally considered to be medical services.
8. Any separate fees for pre and post operative *services*.

Benefits

Periodontic services

1. Periodontal scaling and root planing, available at a maximum of once per quadrant in a three-year period.
2. Periodontal maintenance (following periodontal therapy) – procedure available four times per *year*. Only four cleanings will be allowed per *year*, either for routine cleanings or periodontal cleanings.
3. Periodontal surgery, available at a maximum of once per quadrant in a three-year period. If more than one surgical *service* is performed on the same day, *we* will consider only the most inclusive *service* performed as a *covered service*.
4. Occlusal adjustments when performed in conjunction with periodontal surgery – available at a maximum of once per quadrant in a three-year period.

Separate fees for pre and post operative care and re-evaluation within three months are not covered.

Endodontic services

1. Root canal therapy, including root canal treatments and root canal fillings – procedure available to permanent teeth only, once per tooth in a two-year period. Any X-ray, test, laboratory, exam or follow-up care is considered integral to root canal therapy.
2. Apicoectomy - procedure available for permanent teeth only.
3. Partial pulpotomy for apexogenesis – procedure available for permanent teeth only.
4. Vital pulpotomy – procedure available for deciduous (baby) teeth only.

Major/Prosthodontic services

1. Repairs of bridges and crowns.
2. Initial placement of laboratory-fabricated restorations when the tooth, as a result of extensive decay or traumatic injury, cannot be restored with a direct placement filling material. *Covered services* include inlays, onlays, crowns, veneers, core build-ups and posts. These *services* are covered only on permanent teeth. *We* will not cover the *expense incurred* for pin retention when done in conjunction with core build-up.
3. Initial placement of bridges, and full and partial dentures only if the functioning tooth (excluding third molars or teeth not fully in occlusion with an opposing tooth or prosthesis) was extracted while *you* are covered under this plan. *Covered expense* includes fixed bridges, removable partial dentures and full dentures. *Services* include all adjustments and relines within six months after installation and are payable only for treatment on permanent teeth. *We* will not cover replacement of congenitally missing teeth.
4. Replacement of bridges, partials, dentures, inlays, onlays, crowns or other laboratory-fabricated restorations. The existing major restoration or prosthesis can be replaced only if:
 - It has been at least five years since the prior insertion and is not, and cannot be made, serviceable;
 - It is damaged beyond repair as a result of an *accidental injury* (non-chewing injury) while in the oral cavity; or

Benefits

- Extraction of functioning teeth, excluding third molars or teeth not fully in occlusion with an opposing tooth or prosthesis, necessitates the replacement of the prosthesis.

These *services* are covered only on permanent teeth.

6. Denture relines or rebases – once in a three-year period.

We will not cover the replacement of any lost, stolen, damaged, misplaced or duplicate major restoration, prosthesis or appliance.

Integral service

The following *services* are considered integral to the dental *service*. A separate fee for these *services* is not considered a *covered expense*.

1. Local anesthetics;
2. Bases;
3. Pulp caps;
4. Temporary dental *services*;
5. Study models/diagnostic casts;
6. Treatment plans;
7. Occlusal (biting or grinding surfaces of molar and bicuspid teeth) adjustments;
8. Nitrous oxide;
9. Irrigation;
10. Tissue preparation associated with impression or placement of a restoration.

We do not cover caries susceptibility testing, lab tests, saliva samples, anaerobic cultures, sensitivity testing or charges for oral pathology procedures.

We do not cover *services* that generally are considered to be medical *services* except those outlined in this section.

General anesthesia is not a *covered expense* unless it is a *medical necessity* and administered by a *dentist* in conjunction with covered oral surgical procedures outlined in this section. Patient management or apprehension is not considered a *medical necessity*.

Benefits

Additional benefits for newborns

If the *employee* has dependent coverage, a child born to the *employee* or any of the *employee's* covered *dependents* while this policy is in effect is covered from the moment of birth for the same *benefits* and under the same terms and conditions that are applicable for other children covered as *dependents* under the policy.

Coverage for such newborn child consists of *benefits* for *services* which are a *dental necessity* for the treatment of a *bodily injury* or *sickness*, including the necessary care and treatment of medically diagnosed congenital defects, birth abnormalities, or premature birth; and transportation costs, not to exceed \$1,000 to and from the nearest available facility appropriately staffed and equipped to treat the newborn's condition. The transportation must be certified by the attending physician as necessary to protect the health and safety of the newborn child, and is subject to the *reimbursement limit*.

Coverage for the newborn child to an *employee's* covered *dependent* terminates 18 months after the child's date of birth or according to the **Terminating coverage** provision in the certificate, whichever is earliest.

If *you* are an *employee* with single coverage currently in force, refer to the **When you are eligible for coverage** provision for information on addition *dependent* coverage.

Benefits

Limitations & exclusions (all services)

In addition to the limitations and exclusions listed in **Your plan benefits** section, this policy does not provide *benefits* for the following:

1. Any expense arising from or sustained in the course of any occupation or employment for compensation, profit or gain for which benefits are paid under any Workers' Compensation or Occupational Disease Act or Law.
2. *Services*:
 - That are free or that *you* would not be required to pay for if *you* did not have this insurance, unless charges are received from and reimbursable to the U.S. government or any of its agencies as required by law;
 - Furnished by, or payable under, any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
 - Furnished by any U.S. government-owned or operated hospital/institution/agency for any *service* connected with *sickness* or *bodily injury*.
3. Any loss caused or contributed by:
 - War or any act of war, whether declared or not, excluding terrorism;
 - Any act of international armed conflict; or
 - Any conflict involving armed forces of any international authority.
4. Any expense arising from the completion of forms.
5. *Your* failure to keep an appointment with the *dentist*.
6. Any *service* we consider *cosmetic dentistry* unless it is necessary as a result of an *accidental injury* sustained while *you* are covered under this policy. We consider the following *cosmetic dentistry* procedures:
 - Facings on crowns or pontics (the portion of a fixed bridge between the abutments) posterior to the second bicuspid;
 - Any *service* to correct congenital malformation; unless the *service* is for treatment of a covered newborn as allowed under the **Additional benefits for newborns** section of **Your plan benefits**;
 - Any *service* performed primarily to improve appearance; or
 - Characterizations and personalization of prosthetic devices.
7. Charges for:
 - Any type of implant and all related services, including crowns or the prosthetic device attached to it;
 - Precision or semi-precision attachments;
 - Overdentures and any endodontic treatment associated with overdentures;
 - Other customized attachments.

Benefits

8. Any *service* related to:
 - Altering vertical dimension of teeth;
 - Restoration or maintenance of occlusion;
 - Splinting teeth, including multiple abutments, or any *service* to stabilize periodontally weakened teeth;
 - Replacing tooth structures lost as a result of abrasion, attrition, erosion or abfraction; or
 - Bite registration or bite analysis.
9. Infection control, including but not limited to sterilization techniques.
10. Fees for treatment performed by someone other than a *dentist* except for scaling and teeth cleaning, and the topical application of fluoride that can be performed by a licensed dental hygienist. The treatment must be rendered under the supervision and guidance of the *dentist* in accordance with generally accepted dental standards.
11. Any hospital, surgical or treatment facility, or for *services* of an anesthesiologist or anesthesiologist.
12. Prescription drugs or pre-medications, whether dispensed or prescribed.
13. Any *service* not specifically listed in **Your plan benefits**.
14. Any *service* that we determine:
 - Is not a *dental necessity*;
 - Does not offer a favorable prognosis;
 - Does not have uniform professional endorsement; or
 - Is deemed to be experimental or investigational in nature.
15. Orthodontic *services* unless specified in your **Summary of your benefits**.
16. Any *expense incurred* before your effective date or after the date your coverage under this policy terminates (unless the *service* is eligible under **Extension of benefits**).
17. *Services* provided by someone who ordinarily lives in your home or who is a *family member*.
18. Charges exceeding the *reimbursement limit* for the *service*.
19. Treatment resulting from any intentionally self-inflicted injury or *bodily illness*.
20. Local anesthetics, irrigation, nitrous oxide, bases, pulp caps, temporary dental *services*, study models, treatment plans, occlusal adjustments, or tissue preparation associated with the impression or placement of a restoration when charged as a separate *service*. These *services* are considered an integral part of the entire dental *service*.
21. Repair and replacement of orthodontic appliances.
22. Any surgical or nonsurgical treatment for any jaw joint problems, including any temporomandibular joint disorder, craniomaxillary, craniomandibular disorder or other conditions of the joint linking the jaw bone and skull; or treatment of the facial muscles used in expression and chewing functions, for symptoms including, but not limited to, headaches.
23. Any non-emergent dental expenses incurred for services rendered outside of the United States.

Benefits

How your plan works

General benefit payments

We pay *benefits* for *covered expenses*, as stated in the **Summary of your benefits** and **Your plan benefits** sections, and according to any riders that are part of *your* policy. Paid *benefits* are subject to the conditions, limitations, exclusions and maximums of this policy.

After *you* receive a *service*, we will determine if it qualifies as a *covered service*. If we determine it is a *covered service*, we will pay *benefits* as follows:

1. We will determine the total *covered expense*.
2. We will review the *covered expense* against any *maximum benefits* that may apply.
3. We will determine if *you* have met *your deductible*. If *you* have not, we will subtract any amount required to fulfill the *deductible*.
4. We will make payment for the remaining eligible *covered expense* to *you* or *your dentist*, based on *your coinsurance* for that *covered service*.

Deductibles

The *deductible* is the amount that *you* are responsible to pay per year before we pay any *coinsurance* (see **Summary of your benefits**).

1. **Individual deductible:** *You* will have met the individual *deductible* when, each year, the total eligible *covered expenses* incurred reaches the individual *deductible* amount.
2. **Family deductible:** The total *deductible* that a family must pay in a year. Once met, we will waive any remaining individual *deductibles* for that year.

Coinsurance

The percentage of the *reimbursement limit* that we will pay. *Coinsurance* applies after the *deductible* is satisfied and up to the *maximum benefit*.

Waiting periods

This is the time period that certain *services* are not eligible for coverage under this policy. This begins on *your* effective date and lasts for the time shown in the **Waiting periods** provision of this certificate.

Benefit maximums

The amount we pay for *services* are limited to a *maximum benefit*. We will not make *benefit* payments that are more than the *maximum benefit* for the *covered services* shown in the **Summary of your benefits**.

Alternate services

If two or more *services* are acceptable to correct a dental condition, we will base the *benefits* payable on the *covered expenses* for the least expensive *covered service* that produces a professionally satisfactory result, as determined by us. We will pay up to the *reimbursement limit* for the least costly *covered service* and subject to any *deductible*, *coinsurance* and *maximum benefit*. *You* will be responsible for paying the excess amount.

Benefits

If *you* or *your dentist* decide on a more costly treatment than *we* determine to be satisfactory for treatment of the condition, payment will be limited to the *reimbursement limit* and will be subject to any *deductible* and *coinsurance* for the least costly treatment. *You* will be responsible for the remaining *expense incurred*.

Pretreatment plan

We suggest that if dental treatment is expected to exceed \$300, *you* or *your dentist* submit a dental *treatment plan* for *us* to review before *your* treatment. The dental *treatment plan* should consist of:

1. A list of *services* to be performed using the American Dental Association nomenclature and codes;
2. *Your dentist's* written description of the proposed treatment;
3. Supporting pretreatment X-rays showing *your* dental needs;
4. Itemized cost of the proposed treatment; and
5. Any other appropriate diagnostic materials that *we* may request.

An estimate for *services* is not a guarantee of what *we* will pay. It tells *you* and *your dentist* in advance about the *benefits* payable for the *covered expenses* in the *treatment plan*. *We* will notify *you* and *your dentist* of the *benefits* payable based on the submitted *treatment plan*.

An estimate for *services* is not necessary for *emergency* care.

Process and timing

An estimate for *services* is valid for 90 days after the date *we* notify *you* and *your dentist* of the *benefits* payable for the proposed *treatment plan* (subject to *your* eligibility of coverage). If treatment will not begin for more than 90 days after the date *we* notify *you* and *your dentist*, *we* recommend that *you* submit a new *treatment plan*.

Claims

How we pay claims

Identification numbers

You received an identification (ID) card showing *your* name, identification number and group number. Show this ID card to *your dentist* when *you* receive *services*.

Claim forms

We do not require a standard claim form to process *benefits*. When *we* receive a claim, *we* will notify *you* or *your dentist* if any additional information is needed.

Submitting claim information and proof of loss

Either *you* or the *dentist* must complete and submit to *us* all claim information for proof of loss. *We* would like to receive this information within 90 days after the *expense incurred* date; however, the claim will not be reduced or denied if it was not reasonably possible to meet the 90-day guideline. In any event, *we* will need written proof of loss notice within one year after the date proof of loss is requested, except if *you* were legally incapacitated.

Here are examples of information *we* may need (this is not a comprehensive list and only provides a few examples of the information *we* may request).

1. A complete dental chart showing:
 - Extractions;
 - Missing teeth;
 - Fillings;
 - Prosthesis;
 - Periodontal pocket depths;
 - Dates of previously performed work.
2. An itemized bill for all dental work.
3. The following exhibits:
 - X-rays;
 - Study models;
 - Laboratory and/or reports;
 - Patient records.
4. Authorizations to release any additional dental information or records.
5. Information about other insurance coverage.
6. Any information *we* need to determine *benefits*.

If *you* do not provide *us* with the necessary information, *we* will deny any related claims until *you* provide it to *us*.

Claims

Payment of the Claim

Once *we* receive all the necessary information, *we* will determine if *benefits* are available, and if they are, *we* will pay any amount due under this *policy* within 45 days of receipt of the claim. If *we* cannot process *your* claim due to lack of information, *we* will notify *you*, or whoever is claiming payment under the *policy* if it is not *you*, of the information needed within 45 days of receipt of claim. Once *we* have received the necessary information, *we* will process *your* claim within 60 days of receipt of information. *We* may pay all or a portion of any *benefit* provided for *covered expenses* to the provider unless *you* or the *covered person* has notified *us* in writing by the time the claim form is submitted.

Extension of benefits

Benefits are payable for *covered expenses* which are:

1. Recommended in writing by a *health care practitioner*;
2. Initiated while this coverage is in force and for a specific *bodily injury* or *sickness* incurred while this coverage is in force (see definition of *expense incurred date*);
3. Provided for *services* other than routine examination, prophylaxis, x-rays, sealants, or orthodontic *services*; and
4. Completed within the first 90 days following the termination date of *your* coverage, if such termination was other than voluntary.

Benefits for *covered expenses* for treatment due to such *bodily injury* or *sickness* will continue until the earliest of the following:

1. The end of the first 90 days immediately following the termination date of *your* coverage; or
2. The date a succeeding plan provides similar benefits for treatment due to such *bodily injury* or *sickness*.

These benefits are subject to the provisions and conditions of the policy.

Reasons for denying a claim

Below is a list of the most common reasons *we* cannot pay a claim. Claim payments may be limited or denied in accordance with any of the provisions contained in this certificate.

1. **Not a covered benefit:** The *service* is not a *covered service* under the certificate.
2. **Eligibility:** *You* no longer are eligible under the **Terminating coverage** section of this certificate, or the *expense incurred date* was prior to *your* effective date.
3. **Fraud:** *You* make an intentional misrepresentation by not telling *us* the facts or withhold information necessary for *us* to administer this certificate.

Insurance fraud is a crime. Anyone who willingly and knowingly engages in an activity intended to defraud *us* by filing a claim or form that contains false or deceptive information may be guilty of insurance fraud.

If a *member* commits fraud against *us*, as determined by *us*, coverage ends automatically, without notice, on the date the fraud is committed. This termination may be retroactive. *We* also will provide information to the proper authorities and support any criminal charges that may be brought. Further, *we* reserve the right to seek civil remedies available to *us*.

We will not end coverage if, after investigating the matter, *we* determine that the *member* provided information in error. *We* will adjust premium or claim payment based on this new information.

Claims

If *you* provided correct information and *we* made a processing error, *you* will be eligible for coverage and claims payment for *covered expenses*. *We* will adjust *your* premium or claim payment based on the correct information.

4. **Duplicating provisions:** If any charge is described as covered under two or more benefit provisions, *we* will pay only under the provision allowing the greater *benefit*. This may require *us* to make a recalculation based on both the amounts already paid and the amounts due to be paid. *We* have no obligation to pay for *benefits* other than those this certificate provides.

How to Challenge Our Claim Decision (Appeal Rights)

If a *covered person* disagrees with *our* decision on payment of a particular claim, the *covered person* can request a second review of the claim, also known as an appeal. To request this review, *you* must send *us* a letter requesting a second claim review within 60 days from the time *you* received notice of *our* claim payment decision. The *covered person* may also send any documents or information that are relevant to *our* decision of how to pay the claim.

Legal actions

You cannot bring a legal action to recover a claim until 60 days after the date written proof of loss is made. No action may be brought after the expiration of the applicable statute of limitations after such proof of loss is required to be given.

Claims paid incorrectly

If a claim was paid in error, *we* have the right to recover *our* payments. *We* may correct this error by an adjustment to any amount applied to the *deductible* or *maximum benefits*. Errors may include such actions as:

1. Claims paid for *services* that are not actually covered under the policy.
2. Claims payment that is more than the amount allowed under the policy.
3. Claims paid based on fraud or an intentional misrepresentation.

We may seek recovery of *our* payments made in error from anyone to, for or with respect to whom such payments were made; or any insurance companies or organizations that provide other coverage for the *covered expenses*. *We* will determine from whom *we* shall seek recovery. For information on *our* process, see the **Recovery rights** provision.

Claims

Coordinating benefits with another insurer

Benefits subject to this provision

Benefits described in this certificate are coordinated with *benefits you* receive from other plans. This prevents duplication of coverage and resulting increases in the cost of dental coverage. For purposes of this section, the following definitions apply:

1. **Plan**—A plan covers medical or dental expenses and provides *benefits* or *services* by:
 - Group, franchise or blanket insurance coverage;
 - Group-based hospital service pre-payment plan, medical service pre-payment plan, group practice or other pre-payment coverage;
 - Coverage under labor-management, employer plans, trustee plans, union welfare plans, employee benefit organization plan; and
 - Governmental programs or programs mandated by state statute, or sponsored or provided by an educational institution, if it is not otherwise excluded from the calculation of benefits under this policy.

This provision does not apply to any individual policies or blanket student accident insurance provided by or through an educational institution.

2. **Allowable expense**—Any eligible expense, a portion of which is covered under one of the plans covering the person for whom the claim is made. Each plan will determine what an eligible expense is based on the provisions of the plan. When a plan provides *benefits* in the form of *services* rather than cash payments, the reasonable cash value of each *service* rendered will be both an allowable expense and a benefit paid. An expense or *service* that is not covered by any of the plans is not an allowable expense.
3. **Claim determination period**—A *year*. If, in any *year*, a person is not covered under this policy for the entire *year*, the claim determination period will be the portion of the year in which he or she was covered under this policy.

Effect on benefits

One of the plans involved will pay *benefits* first. This is called the primary plan. Under the primary plan, *benefits* will be paid without regard to the other plan(s).

All other plans are called secondary plans. The secondary plan may reduce the *benefits* so that the total *benefits* paid or provided by all plans during a claim determination period are not more than 100 percent of the total allowable expense.

Claims

Order of benefit determination

To pay claims, it must be determined which plan is primary and which plan(s) is/are secondary. A plan will pay benefits first if it meets one of the following conditions:

1. The plan that covers the person as an *employee* submitting the claim, except when that person is also a Medicare beneficiary and Medicare is secondary to the plan covering the person as a *dependent* of an active *employee*. In that case the Order of benefit determination is:
 - The benefits of the plan covering the person as an employee, employee or subscriber is primary;
 - The benefits of the plan of an active employee covering the person as a *dependent* is secondary; and then
 - Medicare benefits.
2. For a child covered under both parents' plans, the plan covering the parent whose birthday (month and day) occurs first in the *calendar year* pays before the plan covering the other parent. If the birth dates of both parents are the same, the plan that has covered the parent for the longer period of time will be the primary plan.
3. In the case of *dependent* children covered under the plans of divorced or separated parents, the following rules apply:
 - The plan of a parent who has custody will pay benefits first.
 - The plan of a stepparent who has custody will pay benefits next.
 - The plan of a parent who does not have custody will pay benefits next.
 - The plan of a stepparent who does not have custody will pay benefits next.

A court decree may give one parent financial responsibility for the medical or dental expenses of the *dependent* children. In this case the rules stated above will not apply if they conflict with the court decree. Instead, the plan of the parent with financial responsibility will pay benefits first.
4. If a person is laid off or retired, or is a *dependent* of someone who was laid off or retired, that plan becomes the secondary plan to the plan of an active *employee*.
5. When the person is covered under a COBRA continuation plan (as provided under the Consolidation Omnibus Budget Reconciliation Act of 1987) and is also covered under another group plan, the benefits of the plan which covers the person as an *employee* or as the *employee's dependent* will be determined before the benefits of a plan covering the person as a former *employee* or as the former *employee's dependent*.

If rules 1-5 do not determine the primary plan, the plan covering the person for the longest time is the primary plan. If it still cannot be determined which plan is the primary plan, we will waive the above rules and incorporate the rules identical with those of the other plan.

Claims

Excess coverage

We will not pay benefits for any *accidental injury* if other insurance will provide payments or expense coverage, regardless of whether the other coverage is described as primary, excess or contingent. If *your* claim against another insurer is denied or partially paid, *we* will process *your* claim according to the terms and conditions of this certificate. If *we* make a payment, *you* agree to assign to *us* any right *you* have against the other insurer for dental expenses *we* pay. Payments made by the other insurer will be credited toward any applicable *coinsurance* or *calendar year deductibles*.

Coordinating benefits with Medicare

Coordinating benefits with Medicare will conform to federal statutes and regulations in all instances.

If *you* are eligible for Medicare benefits, whether enrolled or not, *your benefits* under this plan will be coordinated to the extent *benefits* are paid or would have been payable under Medicare as allowed by federal statutes and regulations. Medicare means Title XVIII, Parts A and B, of the Social Security Act, as enacted or amended.

Right of recovery

We reserve the right to recover *benefit* payments made for an allowable expense under this plan in the amount that exceeds the maximum amount *we* are required to pay under these provisions. This applies to us against:

1. Anyone for whom *we* made such payment.
2. Any insurance company or organization that, according to these provisions, owes *benefits* for the same allowable expense under any other plan.

Right to necessary information

We may require certain information to apply and coordinate these provisions with other plans. We will, without *your* consent, release to or obtain information from any insurance company, organization or person to implement this provision. *You* agree to furnish any information *we* need to apply these provisions.

Claims

Recovery rights

Your obligation in the recovery process

We have the right to collect *our* payments made in error. *You* are obligated to cooperate and assist *us* and *our* agents to protect *our* recovery rights by:

1. Obtaining *our* consent before releasing any party from liability for payment of dental expenses.
2. Providing *us* with a copy of any legal notices arising from *your* injury and its treatment.
3. Assisting *our* enforcement of recovery rights and doing nothing to prejudice *our* recovery rights.
4. Refraining from designating all (or any disproportionate part) of any recovery as exclusively for “pain and suffering.”

If *you* fail to cooperate, *we* will collect from *you* any payments *we* made.

Right of subrogation

You agree to transfer any rights to *us* that *you* have to recover any expenses paid under this policy. *We* will be subrogated to these recovery rights from any funds paid or payable.

We may enforce *our* subrogation rights by asserting a claim to any coverage to which *you* may be entitled. If *we* are precluded from exercising *our* subrogation rights, *we* may exercise *our* right of reimbursement.

Right of reimbursement

If *we* pay *benefits* and *you* later recover payment from the liable party, *we* have the right to recover from *you* the amount *we* paid. *You* must notify *us* in writing within 31 days of any settlement, compromise or judgment. If *you* waive or impair *our* right to reimbursement, *we* will suspend payment of past or future *services* until all outstanding lien(s) are resolved.

If *you* recover payments from and release any legally responsible party from future expenses relating to a *sickness* or *bodily injury*, *we* have a continuing right to seek reimbursement from *you*. This right, however, will apply only to the extent allowed by law. This reimbursement obligation exists regardless of whether a settlement, compromise or judgment designates that the recovery includes or excludes dental expenses.

Assignment of recovery rights

If *your* claim against the other insurer is denied or partially paid, *we* will process the claim according to the terms and conditions of this policy. If *we* make payment on *your* behalf, *you* agree that any right for expenses *you* have against the other insurer for expenses *we* pay will be assigned to *us*.

If *benefits* are paid under this policy and *you* recover under any automobile, homeowners, premises or similar coverage, *we* have the right to recover from *you* an amount equal to the amount *we* paid.

Claims

Limitations to recovery rights

Any such Right of Subrogation or Reimbursement provided to *us* under this policy shall not apply or shall be limited to the extent that the Florida Statutes or the Courts of Florida eliminate or restrict such rights.

Workers' compensation

If *we* pay *benefits* but determine that the *benefits* were for the treatment of *bodily injury* or *sickness* that arose from or was sustained in the course of any occupation or employment for compensation, profit or gain, *we* have the right to recover that payment. *We* will exercise *our* right to recover against *you*.

The recovery rights will be applied even though:

1. The Workers' Compensation benefits are in dispute or are made by means of settlement or compromise;
2. No final determination is made that *bodily injury* or *sickness* was sustained in the course of, or resulted from, *your* employment;
3. The amount of Workers' Compensation due to medical or health care is not agreed upon or defined by *you* or the Workers' Compensation carrier; or
4. Medical or health care benefits are specifically excluded from the Workers' Compensation settlement or compromise.

You agree that, in consideration for the coverage provided by the policy, *we* will be notified of any Workers' Compensation claim that *you* make, and *you* agree to reimburse *us* as described above.

Eligibility

Definitions

The following terms are used in this section:

Late applicant: If you enroll or are enrolled more than 31 days after *your* eligibility date or *special enrollment date*, you will be considered a *late applicant* and *your benefits* will only cover Preventive services for the first 12 months of coverage.

Special enrollment date means:

- The date of change in family status after the initial eligibility date as follows:
 - Date of marriage;
 - Date of divorce;
 - Date specified in a Qualified Medical Child Support Order (QMCSO);
 - Date specified in a National Medical Support Notice (NMSN);
 - Date of birth of a natural born child; or
 - Date of adoption of a child or date of placement of a child with the *employee* for the purpose of adoption; or
- The date of termination of coverage under a group dental plan or other dental insurance coverage, as specified under the "Special Enrollment" provision.

Eligibility date

Employee eligibility date

The *employee* is eligible for coverage on the date:

- The eligibility requirements stated in the Employer Group Application, or as otherwise agreed to by *us* and the *policyholder*, are satisfied; and
- The *employee* is in an *active status*.

Dependent eligibility date

Each *dependent* is eligible for coverage on:

- The date the *employee* is eligible for coverage, if he or she has *dependents* who may be covered on that date;
- The date of the *employee's* marriage for any *dependents* (spouse or child) acquired on that date;
- The date of birth of the *employee's* natural-born child;
- The date of placement of the child for the purpose of adoption by the *employee*; or
- The date a foster child is placed in the *employee's* home;

Eligibility

- The date any child for whom the *employee* is the legal guardian, who is dependent on the *employee* for health care coverage pursuant to a valid court order, or who lives with the *employee* in a normal parent-child relationship and qualifies for the dependent exemption as defined in the Internal Revenue Code and Federal Tax Regulations. *We* have the right to request proof of the child's dependency status at any time; or
- The date specified in a Qualified Medical Child Support Order (QMCSO) or National Medical Support Notice (NMSN) for a child, or a valid court or administrative order for a spouse, which requires the *employee* to provide coverage for a child or spouse as specified in such orders.

The *employee* may cover his or her *dependents* only if the *employee* is also covered.

A *dependent* child who enrolls for other group coverage through any employment is no longer eligible for group coverage under the policy. If a *dependent* child becomes an *employee* of the *employer*, he or she is no longer eligible as a *dependent* and must make application as an eligible *employee*.

Employee enrollment

The *employee* must enroll as agreed by the *policyholder* and *us*. Depending on the total number of *employees* covered by the *employer's policy*, *we* may require any *employee* to provide evidence of health status whenever enrolling as permitted by laws, rules, or regulations.

If the *employee* enrolls more than 31 days after the *employee's eligibility date* or more than 31 days after the *employee's special enrollment date*, the *employee* is a *late applicant*.

Dependent enrollment

Check with the *employer* immediately on how to enroll for *dependent* coverage. The *employee* must enroll for *dependent* coverage and enroll additional *dependents* as agreed by the *policyholder* and *us*.

Depending on the total number of *employees* covered by the *employer's policy*, *we* may require any *dependent* to provide evidence of health status whenever enrolling as permitted by laws, rules, or regulations.

A *dependent* enrolled more than 31 days after the *dependent's eligibility date* or the *special enrollment date* will be a *late applicant*.

Newborn dependent enrollment

An *employee* who already has *dependent* child coverage in force prior to the newborn's date of birth is not required to complete an enrollment form for the newborn child. However, the *employee* must notify *us* of the birth.

An *employee* who does not have *dependent* child coverage must enroll the newborn *dependent*, as agreed by the *policyholder* and *us*, within 31 days after the date of birth.

Newborn dependent effective date

- If *we* receive enrollment on, prior to, or within 2 years of the newborn's date of birth, *dependent* coverage is effective on the first of the month following receipt of the enrollment.

Eligibility

- If we receive enrollment between 2 years and 2 years and 31 days after the newborn's date of birth, *dependent* coverage is effective on the child's second birth date.
- If we receive enrollment more than 2 years and 31 days after the newborn's date of birth, the newborn is considered a *late applicant*.

Foster Child effective date

Coverage for a foster child or a child otherwise placed in the *employee* or covered spouse's custody by a court order, prior to the child's eighteenth birthday, will be provided from the date of placement if, on the date of placement, the *employee* had dependent coverage. No coverage will be provided under this provision for the child who is not ultimately placed in the *employee's* home. For a child in the *employee's* custody, coverage will terminate the date the *employee* no longer has legal custody.

Special Enrollment

Loss of other coverage

If you are an employee or dependent who was previously eligible for coverage under the policy and had waived coverage, you may be eligible for *special enrollment* under the policy.

You will not be considered a late applicant, if the following applies:

- You declined enrollment under the policy at the time of initial enrollment because:
 - You were covered under a group dental plan at the time of eligibility and your coverage terminated as a result of:
 - Termination of employment or eligibility;
 - Reduction in number of hours of employment;
 - Divorce, legal separation or death of a spouse; or
 - Termination of your employer's contribution for the coverage; or
 - You had COBRA continuation coverage under another plan at the time of eligibility and such coverage has since been exhausted; and
 - You stated, at the time of initial enrollment, that coverage under the group dental plan, or COBRA continuation was your reason for declining enrollment; and
 - You were covered under an alternate plan provided by the employer and you are replacing coverage with the policy;
- You apply for coverage within 31 days after termination of coverage under the group dental plan or COBRA.

Dependent special enrollment period

The *dependent* Special Enrollment Period is a 31-day period from the *special enrollment date*.

If *dependent* coverage is available under the *employer's policy* or added to the *policy*, an *employee* who is a *covered person* can enroll eligible *dependents* during the Special Enrollment Period. An *employee*, who is otherwise eligible for coverage and had waived coverage under the *policy* when eligible, can enroll himself/herself and eligible *dependents* during the Special Enrollment Period. The *employee* or *dependent* enrolling within 31 days from the *special enrollment date* will not be considered a *late applicant*.

Eligibility

Effective date

Employee effective date

The *employee's effective date* provision is stated in the Employer Group Application. It may be the date immediately following, or the first of the month following, completion of the waiting period or the *special enrollment date*.

If the *employee* enrolls more than 31 days after his or her *eligibility date* or *special enrollment date*, he or she is a *late applicant*. The *effective date* of coverage will be the first of the month following the receipt of the enrollment form.

Employee delayed effective date

If the *employee* is not in *active status* on the *eligibility date*, coverage will be effective the day after the *employee* returns to *active status*. The *employer* must notify *us* in writing of the *employee's* return to *active status*.

Dependent effective date

The *dependent's effective date* will be determined as follows:

- If we receive enrollment on, prior to, or within 31 days of the *dependent's eligibility date* that *dependent* is covered on the date he or she is eligible.
- If we receive enrollment on, prior to, or within 31 days of the *dependent's special enrollment date*, that *dependent's* coverage is effective on the *special enrollment date*.
- If we receive enrollment more than 31 days after the *dependent's eligibility date*, or the *special enrollment date*, that *dependent* is considered a *late applicant*. The *effective date* of coverage will be the first of the month following the receipt of the enrollment form.

However, no *dependent's effective date* will be prior to the *employee's effective date* of coverage.

Benefit changes

Benefit changes will become effective on the date specified by *us*.

Incontestability: After *you* have been insured for two years, *we* cannot contest the validity of coverage except for nonpayment of premium. Absent of fraud, all statements made by *you* will be deemed representations and not warranties. Statements *you* make cannot be contested unless they are in writing with *your* signature. A copy of the form must then be given to *you*.

Eligibility

Retired employee coverage

Retired employee eligibility date

Retired *employees* are an eligible class of *employees* if requested on the Employer Group Application and if approved by *us*. An *employee* who retires while insured under this *policy* is considered eligible for retired *employee* dental coverage on the date of retirement if the eligibility requirements stated in the Employer Group Application are satisfied.

Retired employee enrollment

Notification of the *employee's* retirement must be submitted to *us* by the *employer* within 31 days of the date of retirement. If *we* receive the notification more than 31 days after the date of retirement, *you* will be considered a *late applicant*.

Retired employee effective date

The *effective date* of coverage for an eligible retired *employee* is the date of retirement for an *employee* who retires after the date *we* approve the *employer's* request for a retiree classification, provided *we* receive notice of the retirement within 31 days. If *we* receive notice more than 31 days after retirement, the *effective date* of coverage will be the date *we* specify.

Retired employee benefit changes

Additional or increased insurance or a decrease in insurance will become effective on the approved date of change.

Eligibility

Terminating coverage

Your insurance coverage may end at any time, as stated below and in the **Employer Group Application**. Coverage terminates on the earliest of the following events:

1. Termination date listed in the policy;
2. Failure to pay premium by the required due date;
3. The date the *employer* stops participating in the policy;
4. The date *you* enter the military fulltime;
5. When *you* no longer are eligible for coverage as outlined in the **Employer Group Application**;
6. *You* terminate employment with the *employer*;
7. For a *dependent*, the date the *employee's* insurance terminates;
8. For a *dependent*, the date he/she no longer meets the definition of a *dependent*;
9. The date an *employee* requests that insurance be terminated for the *employee* and/or *dependents*;
10. An *employee's* retirement date unless the **Employer Group Application** provides coverage for retirees; or
11. For any *benefit* that may be deleted from the policy, the date it is deleted.

Special provisions for active status

If the *employer* continues coverage under this policy, *your* coverage remains in force for no longer than:

1. Three consecutive months if the *employee* is temporarily laid off, in part-time status or on approved non-medical leave of absence; or
2. Six consecutive months if the *employee* is *totally disabled*.

If this coverage terminates and the *employee* returns to an *active status*, the *employee* will be considered a new *employee* and must re-enroll for insurance coverage.

Continuation of coverage during military leave

An *employee* called to active duty or state active duty is eligible for continuation if they are:

1. A member of the Florida National Guard; or
2. A Florida resident and a member of any branch of the United States military reserves.

Any *employee's dependents* who have coverage under this plan immediately prior to the date of the *employee's* covered absence are also eligible to elect continuation.

You or an appropriate military authority, must notify *your employer* of *your* intent to continue coverage under this section. Notification must occur prior to reporting to active duty or state active duty, unless such notice is precluded by military necessity or if such notice is impossible or unreasonable.

Coverage available under any insurance sponsored by the Department of Defense will be coordinated with *benefits* available under this plan, as allowed by the Department of Defense.

Premium payment

If continuation coverage is elected under this section, coverage will have the same premium in effect as for other *members* under this same plan, unless the *employee* requests coverage changes that might alter the premium in effect prior to such activation.

Eligibility

Reinstatement

We will reinstate coverage for the *members* who elected not to continue coverage under this plan while on active duty or state active duty:

1. After receipt of that person's request for reinstatement upon return from active duty or state active duty; and
2. If reinstatement is requested within 30 days after returning to work with the same *employer*.

Upon reinstatement of coverage, no additional waiting period will be applied for any condition that existed at the time the *member* was called to active duty or state active duty.

Other information

Employees should contact their *employer* with any questions regarding coverage normally available during a military leave of absence or continuation coverage and notify the *employer* of any changes in marital status, or a change of address.

Eligibility

Replacement provisions

Applicability: This provision applies only if:

1. *You* are eligible for dental coverage on *your employer's* effective date under this policy; and
2. *You* were covered on the final day of coverage on *your employer's* previous group dental plan (Prior Plan).

Delayed effective date: *We* will waive the Delayed Effective Date provision if it applies to *you* when *you* would otherwise be eligible for dental coverage on *your employer's* effective date under this policy.

Dental coverage is then provided to *you* until the date *your* dental coverage would otherwise terminate according to the **Terminating coverage** provision stated in the certificate.

If *you* satisfy the Delayed Effective Date provision before either of these dates, *your* dental coverage will continue uninterrupted.

Deductible amount: Any *expense incurred* while *you* were covered under the Prior Plan may be used to satisfy *your deductible* amount under this dental plan. These expenses must qualify as *covered expenses* that would have been applied to the *deductible* amount for the *year* that this dental plan becomes effective.

Prior plan extension of benefits: Any *benefits* that *you* are entitled to receive during an extension period under *your* Prior Plan are not considered payable *benefits* under this plan.

Teeth extracted prior to effective date: *We* will not pay for a prosthetic device to replace any teeth lost before *you* became insured under this plan unless the device also replaces one or more natural teeth lost or extracted after *you* became insured under this plan.

Modification of policy

This plan may be modified at any time by agreement between *us* and the *policyholder* without the consent of any *member*. Modifications will not be valid unless approved by *our* president, vice president, secretary or other authorized officer. The approval must be endorsed on, or attached to, the policy. No agent has the authority to modify the policy, waive any of the policy provisions, extend the time for premium payment, make or alter any contract, or waive any of the Company's other rights or responsibilities.

Disclosures

Discount/access disclosure

From time to time, *we* may offer or provide *you* with access to discount programs. In addition, *we* may arrange for third-party service providers such as optometrists, *dentists* and laboratories to provide *you* with discounts on goods and *services*.

Who has responsibility for these discounts?

Although *we* have arranged for third parties to offer discounts on these goods and *services*, these discount programs are not insured benefits under this certificate. The third-party providers are solely responsible for providing the goods and/ or *services*. *We* are not responsible for any goods and/ or *services* nor are *we* liable if vendors refuse to honor such discounts. Further, *we* are not liable for the negligent provision of such goods and/ or *services* by third-party service providers.

Discount programs may not be available to people who "opt out" of marketing communications, or where otherwise restricted by law.

Shared Savings

Shared savings program

We have a Shared Savings Program that provides *you* with savings when *we* obtain discounts from *dentists*. When *we* are able to obtain these discounts, *your deductible* and *coinsurance* will be calculated at the discounted amount.

You do not need to inquire in advance about a *dentist's* status. When processing *your* claim, *we* automatically will determine if the *dentist* was participating in the program at the time treatment was provided, and *we* will calculate *your deductible* and *coinsurance* on the discounted amount. *Your* Explanation of Benefits statement will reflect any savings received.

However, *you* may inquire in advance to determine if a *dentist* participates in the Shared Savings Program by calling 1-800-233-4013. *Dentist* arrangements in the Shared Savings Program change constantly. *We* cannot guarantee that a *dentist* who is in the Shared Savings Program at the time of *your* inquiry will still be in the program at the time treatment is received. Discounts depend on availability on a claim by claim basis. Therefore, availability and discount amounts cannot be guaranteed.

We make no representations about the *dentists* participating in the Shared Savings Program. Additionally, *we* reserve the right to modify, amend or discontinue the Shared Savings Program at any time.

Definitions

Accidental injury: Damage to the mouth, teeth and supporting tissue due directly to an accident. It does not include damage to the teeth, appliances or prosthetic devices that results from chewing or biting food or other substances.

Active status: The *employee* performs all of his or her duties on a regular full-time basis for the required number of hours per week shown on the employer's group application, for 48 weeks per year. *Active status* applies to *employees* whether they perform their duties at the *employer's* business establishment or at another location when required to travel for job purposes; on each regular paid vacation day; and any regular non-working holiday if the *employee* is not *totally disabled* on his or her effective date of coverage. An *employee* is considered in *active status* if he or she was in *active status* on his or her last regular working day.

Benefit: The amount payable in accordance with the provisions of this plan.

Bodily injury: An injury due directly to an accident.

Coinsurance: The percent of *covered expense* that is payable as *benefits* after the *deductible* is satisfied, up to the *maximum benefit*. The applicable *coinsurance* percentage rate is shown in the **Summary of your benefits**.

Cosmetic dentistry: *Services* provided by a *dentist* primarily for the purpose of improving appearance.

Covered expense: The *reimbursement limit* for a *covered service*.

Covered service: A *service* considered a *dental necessity*, *medical necessity* or routine Preventive *service* that is:

1. Ordered by a *dentist*;
2. For the *benefits* described, subject to any *maximum benefit*, as well as all other terms, provisions, limitations and exclusions of the policy; and
3. Incurred when a *member* is insured for that *benefit* under the policy on the *expense incurred date*.

Deductible: The amount of *covered expenses* you must incur and pay before we pay *benefits*.

Dental necessity: The extent of care and treatment that is the generally accepted, proven and established practice by most *dentists* with similar experience and training. Such care and treatment must use the least costly setting or procedure required by the patient's condition, and must not be provided primarily for the convenience of the patient or the *dentist*. To determine *dental necessity*, we may require preoperative dental X-rays and other pertinent information to determine if *benefits* are payable for the *service* submitted.

Dentist: An individual who is duly licensed to practice dentistry or perform oral surgery and is acting within the lawful scope of his or her license.

Definitions

Dependent: A covered *employee's*:

1. Lawful spouse; and
2. Natural blood related child, stepchild, foster child or legally adopted child whose age is less than the limiting age. Each child must qualify as a dependent as defined by the U.S. Internal Revenue Code. This child must receive at least 50 percent support and maintenance from the covered *employee*; or
3. Covered *dependent's* newborn child. Coverage for such child terminates 18 months after the date of birth or the date as determined by the **Terminating coverage** provision, whichever is earlier.

The limiting age for each *dependent* child is:

1. The child's 26 birthday; or
2. The end of the calendar year the child reaches 26, if such child is dependent upon the employee for support and:
 - Living in the household of the employee; or
 - In regular full-time or part-time attendance at an accredited secondary school, college or university. A *dependent* continues to be eligible for coverage for up to four months after the close of a school term only if enrolled as a full-time or part-time student for the next school term.

A covered *dependent* child who becomes an *employee* eligible for other group coverage no longer is eligible for coverage under this *policy*.

A covered *dependent* child who reaches the limiting age while insured under this policy remains eligible for dental expense *benefits* if:

1. Mentally or physically disabled;
2. Incapable of self-sustaining employment;
3. Dependent on the covered *employee* for at least 50 percent of support and maintenance.

If a claim is denied, *you* must furnish satisfactory proof to *us* that the above conditions continuously existed on and after the date the limiting age was reached. *We* may not request proof more often than annually after two years from the date the first proof was furnished. If *we* do not receive satisfactory proof, the child's coverage ends on the date proof is due.

Emergency: A sudden, serious dental condition caused by an accident or dental disease that, if not treated immediately, would result in serious harm to the dental health of the *member*. Coverage for an *emergency* is limited to *palliative* care only.

Employee: The person who is regularly employed and paid a salary or earnings and is in *active status* at the *employer's* place of business. If the *employer* is a union, the *employee* must be in good standing and eligible for insurance according to the union's rules of eligibility.

Definitions

Employer: The *policyholder* of the **Group Insurance Plan**, or any subsidiary described in the **Employer Group Application**.

Expense incurred: The amount *you* are charged for a *service*.

Expense incurred date: The date on which:

1. The teeth are prepared for fixed bridges, crowns, inlays or onlays;
2. The final impression is made for dentures or partials;
3. The pulp chamber of a tooth is opened for root canal therapy;
4. Periodontal surgery is performed;
5. The *service* is performed for *services* not listed above.

Family member: Anyone related to *you* by blood, marriage or adoption.

Health care practitioner: Someone who is professionally licensed by the appropriate state agency to diagnose or treat a *bodily injury* or *sickness*, and who provides *services* within the scope of that license. A *health care practitioner's* services are not covered if he/she lives in *your* home or is a *family member*.

Late applicant: An *employee* or an *employee's* eligible *dependent* who enrolls or is enrolled for dental coverage more than 31 days after his/her eligibility date.

Maximum benefit: The maximum amount that may be payable for each *member* for *covered services*. The applicable *maximum benefit* is shown in the **Summary of your benefits**. No further *benefits* are payable after the *maximum benefit* is reached.

Maximum family deductible: The total *deductible* applied to one family in a *year*, as defined on the **Summary of your benefits**.

Medical necessity/ medically necessary: The extent of services required to diagnose or treat a *bodily injury* or *sickness* that is known to be safe and effective by most *health care practitioners* who are licensed to diagnose or treat that *bodily injury* or *sickness*. Such *services* must be:

1. The least costly setting procedure required by *your* condition;
2. Not provided primarily for the convenience of *you* or the *health care practitioner*;
3. Consistent with *your* symptoms or diagnosis of the *sickness* or *bodily injury* under treatment;
4. Furnished for an appropriate duration and frequency in accordance with accepted medical practices, and appropriate for *your* symptoms, diagnosis, or *sickness* or *bodily injury*; and
5. Substantiated by the records and documentation maintained by the provider of *service*.

Member: *Employees* and/or their covered *dependents*.

Palliative: Treatment used in an *emergency* to relieve, ease or alleviate the acute severity of dental pain, swelling or bleeding. *Palliative* treatment usually is performed for, but not limited to, the following acute conditions:

1. Toothache;
2. Localized infection;
3. Muscular pain; or
4. Sensitivity and irritations of the soft tissue.

Definitions

Services are not considered *palliative* when used in association with any other *covered services* except X-rays and/or exams.

Policyholder: The legal entity named on the face page of the policy.

Reimbursement limit is the maximum allowable fee for a *covered service*. It is the lesser of:

1. The fee most often charged in the geographical area where the *service* was performed;
2. The fee most often charged by the provider;
3. The fee that is recognized as reasonable by a prudent person;
4. The fee determined by comparing charges for similar *services* to a national database adjusted to the geographical area where the *services* or procedures were performed;
5. At *our* choice the fee determined by using a national Relative Value Scale. Relative Value Scale means a methodology that values procedures and *services* relative to each other that includes, but is not limited to, a scale in terms of difficulty, work, risk, as well as the material and outside costs of providing the *service*, as adjusted to the geographic area where the *services* or procedures were performed;
6. In the case of *services* rendered by providers with whom *we* have agreements, the fee that *we* have negotiated with that provider;
7. The fee based on rates negotiated with one or more participating providers in the geographic area for the same or similar *services*;
8. The fee based on a percentage of the fee Medicare allows for the same or similar *services* provided in the same geographic area.

Charges billed by a provider that exceed the *reimbursement limit* will not apply to the *member's deductible* or *coinsurance*.

Services: Procedures, surgeries, exams, consultations, advice, diagnosis, referrals, treatment, tests, supplies, drugs, devices or technologies.

Sickness: A disturbance in function or structure of *your* body causing physical signs or symptoms that, if left untreated, will result in deterioration of your health.

Total disability/totally disabled: An *employee* or employed covered spouse who, during the first 12 months of a disability, is prevented by *bodily injury* or *sickness* from performing material and substantial duties of his or her respective job or occupation. After 12 months, *total disability/totally disabled* means the person is prevented by *bodily injury* or *sickness* from engaging in any paid job or occupation that he/she is reasonably qualified or trained.

For any *member* who is not employed, *total disability* means a disability preventing him/her from performing the usual and customary activities of someone in good health of the same age and gender.

Treatment plan: A written report on a form satisfactory to us and completed by the *dentist* that includes:

1. A list of the services to be performed, using the American Dental Association nomenclature and codes;
2. *Your dentist's* written description of the proposed treatment;
3. Supporting pretreatment x-rays showing *your* dental needs;
4. Itemized cost of the proposed treatment; and
5. Any other appropriate diagnostic materials as requested by *us*.

Definitions

We, us and our: The insurance company as shown on the cover page of this certificate.

Year means the period of time which begins on any January 1st and ends on the following December 31st. When *you* first become covered by the *policy*, the first *year* begins for *you* on the effective date of *your* insurance and ends on the following December 31st.

You and your: Any covered *employee* and/or *dependent(s)*.

PPO

PPO provisions

What is a preferred provider organization (PPO)?

A Preferred Provider Organization (PPO) is a network or group of *dentists* who are contracted to furnish, at negotiated fees, dental *services* for *you* under this plan.

Reasons to use a PPO provider

1. *We* negotiate fees for dental *services*. The negotiated fees lower costs for *you* when *you* use *dentists* in the PPO Network.
2. *You* may receive a better *benefit* and *your* out-of-pocket expenses are lowered.
3. *You* have a wide variety of *dentists* in the PPO to help *you* with *your* dental care needs.

You have the freedom to choose the *dentist* of *your* choice. However, *you* will receive *maximum benefits* by seeing a PPO Network *dentist*. If *you* visit a non-participating PPO *dentist*, *you* may be billed for any *expense incurred* that exceeds *our reimbursement limits*.

How to select a provider

A list of participating *dentists* in *your* PPO is available on *our* Web site and is updated daily. If *you* do not have Internet access, *dentist* lists are available by calling *us*. *Our* telephone number and Web site address are listed on the back of *your* dental identification card.

If *you* are traveling or need *emergency* care and are unable to access care from a PPO *dentist*, *benefits* will be paid at the out-of-network level.



Bruce Broussard
President

Supplemental dental expense benefit

Orthodontic services

This Supplemental Dental Expense Benefit is part of the certificate. The benefits outlined will be effective the latter of:

1. The effective date of *your* certificate; or
2. Completion of any applicable *waiting period*.

Please refer to the Waiting Periods provision to verify if an orthodontic *waiting period* applies to *you*.

We pay benefits based on *our reimbursement limits* and *your orthodontic maximum benefit*. Except as modified below, all plan terms, conditions and limitations apply.

Covered services for orthodontia treatment

Covered services for orthodontic treatment include those that are:

1. For the treatment of--and appliances for--tooth guidance, interception and correction; and
2. Related to covered orthodontic treatment including:
 - X-rays;
 - Exams;
 - Space regainers; and/or
 - Study models.

How benefits will be paid if treatment begins after you are eligible for orthodontic benefits with us.

In order to have the full orthodontic treatment be considered for *benefits* under this plan, bands and appliances must be inserted after:

1. *Your* effective date under this plan; and
2. Exhaustion of any orthodontic *waiting period*.

If *services* are eligible under this plan at the time orthodontic appliances or bands are initially inserted, *we* will pay the lesser of:

1. 25 percent of the total *treatment plan* charge;
2. 25 percent of the total *maximum benefit* payable; or
3. The *dentist's* initial fee.

We will pay the remaining installments at the end of each quarter while *you* are covered for orthodontic benefits under this plan. If for any reason the *treatment plan* is terminated before treatment is completed, *we* will not pay further *benefits*.

Supplemental dental expense benefit

How benefits will be paid if treatment was started before you were eligible for orthodontic benefits with us.

Services for orthodontic treatment received prior to *your* effective date, or prior to exhaustion of the orthodontic *waiting period*, are not *covered services*.

Benefits are available only for the portion of the treatment after:

1. *Your* effective date under this plan; and
2. Exhaustion of any orthodontic *waiting period*.

Benefits will be prorated to account for the portion of treatment completed prior to orthodontic eligibility.

Additionally, if *you* had orthodontic coverage under *your* prior dental plan, any benefits paid by *your* prior plan, will be applied to the Orthodontic Lifetime Maximum Benefit of this plan.

To obtain more information about *your* coverage, please feel free to contact our Customer Service Department at:

Humana Insurance Department
1100 Employers Blvd
Green Bay, WI 54344
1-800-233-4013



Bruce Broussard
President

Composite rider

Humana Insurance Company

Change in plan rider: Coverage for Resin-based Composite Restorations

Your certificate is amended to include this plan rider. The effective date of the rider is the latter of the effective date of *your* certificate or the date this rider is added to *your* certificate. *Benefits* are subject to all policy terms, conditions and limitations.

The following Resin-based Composite restoration benefit is added to *your* certificate as follows:

Resin-based Composite restorations (fillings) on molar and bicuspid teeth are covered and will be a payable filling under basic services. Multiple restorations on one surface are considered one restoration. Limited to once per tooth in a two year period.



Bruce Broussard
President

Domestic partners

Change in plan rider:

Coverage for domestic partners

Your certificate is amended to include this plan rider. The effective date of the rider is the latter of the effective date of *your* certificate or the date this rider is added to *your* certificate. *Benefits* are subject to all policy terms, conditions and limitations.

The following definitions are added to *your* certificate:

Domestic partners: The *employee* and another individual of the same or opposite sex who:

1. Cohabit;
2. Have an exclusive mutual commitment to be jointly responsible for each other's common welfare and share financial obligations;
3. Are not related by blood to a degree of closeness that would prohibit legal marriage in the state where they legally live;
4. Are not married to, or legally separated from, anyone else;
5. Are not in another domestic partnership; solely to obtain insurance coverage;
6. Are not in this domestic partnership solely to obtain insurance coverage;
7. Are both at least age 18 and competent to consent to contract; and
8. Have filed registration of a Declaration of Domestic Partnership, or its equivalent, in the city, county or state where they live, if it offers the ability for registration. If registration of a Declaration of Domestic Partnership or its equivalent is not available in *your* city, county or state, *we* reserve the right to require an affidavit from the domestic partners attesting that the above requirements are met.

We may periodically request that *you* furnish satisfactory proof to *us* that the requirements of domestic partners continue to be met. Domestic partners are subject to all terms and provisions of the certificate including, but not limited to, all eligibility requirements and termination provisions. *Your* domestic partner may be identified as a spouse on identification cards or the certificate, however, *your* domestic partner and *your* domestic partner's dependent child(ren) are not eligible for COBRA or state continuation.

Domestic partner's dependent child: Any child:

1. Who lives with the domestic partner in a parent/child relationship;
2. Who is the domestic partner's unmarried natural blood related child, stepchild or legally adopted child;
3. Who is younger than the limiting age of a *dependent* child;
4. Who is primarily dependent upon the domestic partner for support;
5. Who is not covered by any other dental plan; and
6. Who is not entitled to coverage through another dental plan because of a Qualified Medical Child Support Order.

Domestic partners

A domestic partner's dependent child(ren) are subject to all terms and provisions of the certificate including, but not limited to, all eligibility requirements and termination provisions.

When you are eligible for coverage

In addition to the **Dependent coverage, Eligibility date** section in *your* certificate, the following applies to domestic partners and any domestic partner's dependent child(ren):

1. For the *employee's* domestic partner, the eligibility date will be the earlier of:
 - The date of registration of the Declaration of Domestic Partnership; or
 - The date the *employee* submits to the *employer* or *us* an affidavit attesting that a domestic partnership exists and all requirements of the definition of domestic partner are met.
2. For a domestic partner's dependent child(ren):
 - The eligibility date of the *employee's* domestic partner for any domestic partner's dependent child(ren) acquired on that date; or
 - The date the child meets the definition of a domestic partner's dependent child.

The effective date of a domestic partner's dependent child will not be before the effective date of the *employee's* domestic partner.

Terminating coverage

In addition to the **Terminating coverage** provision in *your* certificate, the following applies to domestic partners and any domestic partner's dependent child(ren).

The *employee's* domestic partner and any dependent child(ren) allowed eligibility will terminate on:

1. The date one of the domestic partners dies.
2. The date one of the domestic partners marries.
3. The earliest of the following:
 - The date one domestic partner gives or sends to the other partner a written notice that he or she is terminating the domestic partnership;
 - The date the *employee* submits to the *employer* notification to terminate the domestic partnership;

Domestic partners

- The date indicated on the Notice of Termination of Domestic Partnership or its equivalent, as filed in the city, county or state where the domestic partners live if it offers the ability to terminate a domestic partnership;
- The date any of the requirements of the domestic partner definition is not met; or
- For any domestic partner's dependent child(ren), the date any of the requirements of domestic partner's dependent child(ren) definition is not met.

The coverage of any domestic partner's dependent child(ren) will terminate upon termination of the *employee's* domestic partner.



Bruce Broussard
President

Change in Plan Rider: Coverage for Open Enrollment

Your certificate is amended to include this plan rider. The effective date of the rider is the latter of the effective date of *your* certificate or the date this rider is added to *your* certificate. *Benefits* are subject to all policy terms, conditions and limitations, including waiting periods.

Open enrollment period

The open enrollment period is the annual period during which eligible *employees* may apply for coverage for themselves and their eligible *dependents* as outlined in the **Employer Group Application** (see your employer for details).

To enroll for coverage

The *employee* must complete the enrollment/change form provided by *us*, carefully listing each person to be covered. Enrollment during the open enrollment period will be allowed if *we* receive the completed forms within the open enrollment period. Any reference to *late applicants* within the Eligibility section of *your* certificate and/or Policy is removed. *Late applicants* are not eligible for coverage, and must wait until the following open enrollment periods to apply.

When you are eligible for coverage section in your certificate is amended as follows:

The eligibility date of coverage is amended as follows:

Employee coverage:

The *employee* is eligible for coverage on the date:

1. The eligibility requirements stated in the Employer Group Application, or as otherwise agreed to by *us* and the *policyholder*, are satisfied;
2. The *employee* is in an *active status*, or;
3. The employer's annual anniversary date.

Dependent coverage:

Each *dependent* is eligible for coverage on the date:

1. The *employee* is eligible for coverage, if he or she has *dependents* who may be covered on that date;
2. Of the *employee's* marriage for any *dependents* (spouse or child) acquired on that date;
3. Of birth of the *employee's* natural-born child;
4. Of placement of the child for the purpose of adoption by the *employee*; Coverage shall begin from the moment of birth, if a written agreement to adopt such child has been entered into by the *employee* prior to the birth of such child, whether or not the agreement is enforceable;

5. The date a child under age 18 is placed in the *employee's* home as a foster child;
6. Specified in a Qualified Medical Child Support Order (QMCSO) or National Medical Support Notice (NMSN) for a child, or a valid court or administrative order for a spouse, which requires the *employee* to provide coverage for a child or spouse as specified in such orders.
7. The date of birth of a child born to an *employee's* covered *dependent*; or
8. Of the *employer's* annual anniversary date.

Please check your Schedule of Benefits for waiting periods that may apply to *you*.

To obtain more information about *your* coverage, please feel free to contact our Customer Service Department at:

Humana Insurance Department
1100 Employers Blvd
Green Bay, WI 54344
1-800-233-4013



Bruce Broussard
President

Implant rider

Change in plan rider: Coverage for implants

Your certificate is amended to include this plan rider. The effective date of the rider is the latter of the effective date of *your* certificate or the date this rider is added to *your* certificate. *Benefits* are subject to all policy terms, conditions and limitations.

The following Implant benefit is added to *your* certificate as follows:

Implants and the prosthesis over the implant will be allowed as a benefit payable under Major services on *your* Summary of Your Benefits subject to the Individual Maximum Benefit. Services payable are the lesser of \$1500 or the Individual Maximum Benefit. Implants and implant supported prostheses covered under this plan are limited to the replacement of permanent teeth extracted while insured under this plan, or for replacement of a prior prosthesis if it has been at least five years since the prior insertion, and is not, and cannot be made serviceable.

To obtain more information about *your* coverage, please feel free to contact our Customer Service Department at:

Humana Insurance Department
1100 Employers Blvd
Green Bay, WI 54344
1-800-233-4013



Bruce Broussard
President

Humana

Humana.com

Toll Free 800-233-4013

1100 Employers Blvd

Green Bay WI 54344

Insured by Humana Insurance Company
In Kentucky, insured by The Dental Concern, Inc.

Florida Notice:

Effective July 1, 1994, certain victims of violent crime do not have to meet the deductible or copayment provision of any insurance policy for the treatment of their crime-related injuries pursuant to the Florida Crimes Compensation Act, excluding 960.28. Eligibility under the Florida Crimes Compensation Act is determined when victims of violent crime apply for services with the Office of the Attorney General, Division of Victim Services. When victims are determined eligible, they are given written notification which references their insurance exemption. If you are eligible under the Florida Crimes Compensation Act, please forward a copy of such written notification to us to report your status.

DISCOUNT/ACCESS DISCLOSURE

From time to time, we may offer or provide access to discount programs to persons who become insureds. In addition, we may arrange for third party service providers such as optometrists, dentists, and laboratories to provide discounts on goods and services to persons who become insureds. Some of these third party service providers may make payments to us when insureds take advantage of these discount programs. These payments offset the cost to us of making these programs available and may help reduce the costs of your plan administration. Although we have arranged for third parties to offer discounts on these goods and services, these discount programs are not insured benefits under this Policy. The third party service providers are solely responsible to insureds for the provision of any such goods and/or services. We are not responsible for any such goods and/or services, nor are we liable if vendors refuse to honor such discounts. Further, we are not liable to insureds for the negligent provision of such goods and/or services by third party service providers. Discount programs may not be available to persons who "opt out" of marketing communications and where otherwise restricted by law.

Notices

The following pages contain important information about certain federal laws. There may be differences between the Certificate of Insurance and this Notice packet. There may also be differences between this notice packet and state law. You are eligible for the rights more beneficial to you, unless preempted by state or federal law.

This section includes notices about:

Claims procedures

Federal legislation

Medical child support orders

Continuation of coverage for full-time students during medical leave of absence

General notice of COBRA continuation of coverage rights

Family and Medical Leave Act (FMLA)

Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA)

Your Rights under ERISA

Discrimination Notice

Claim procedures

The Employee Retirement Income Security Act of 1974 (ERISA) established minimum requirements for claims procedures. Humana complies with these standards. Covered persons in insured plans subject to ERISA should also consult their insurance benefit plan documents (e.g., the Certificate of Insurance or Evidence of Coverage). Humana complies with the requirements set forth in any such benefit plan document issued by it with respect to the plan unless doing so would prevent compliance with the requirements of the federal ERISA statute and the regulations issued thereunder. The following claims procedures are intended to comply with the ERISA claims regulation, and should be interpreted consistent with the minimum requirements of that regulation. Covered persons in plans not subject to ERISA should consult their benefit plan documents for the applicable claims and appeals procedures.

Discretionary authority

With respect to paying claims for benefits or determining eligibility for coverage under a policy issued by Humana, Humana as administrator for claims determinations and as ERISA claims review fiduciary, shall have full and exclusive discretionary authority to:

1. Interpret plan provisions;
2. Make decisions regarding eligibility for coverage and benefits; and
3. Resolve factual questions relating to coverage and benefits.

Claim procedures

Definitions

Adverse determination: means a decision to deny benefits for a pre-service claim or a post-service claim under a group health and/or dental plan.

Claimant: A covered person (or authorized representative) who files a claim.

Concurrent-care Decision: A decision by the plan to reduce or terminate benefits otherwise payable for a course of treatment that has been approved by the plan (other than by plan amendment or termination) or a decision with respect to a request by a Claimant to extend a course of treatment beyond the period of time or number of treatments that has been approved by the plan.

Group health plan: an employee welfare benefit plan to the extent the plan provides dental care to employees or their dependents directly (self insured) or through insurance (including HMO plans), reimbursement or otherwise.

Health insurance issuer: the offering company listed on the face page of your Certificate of Insurance or Certificate of Coverage and referred to in this document as "Humana."

Post-service Claim: Any claim for a benefit under a group health plan that is not a Pre-service Claim.

Pre-service Claim: A request for authorization of a benefit for which the plan conditions receipt of the benefit, in whole or in part, on advance approval.

Urgent-care Claim (expedited review): A claim for covered services to which the application of the time periods for making non-urgent care determinations:

could seriously jeopardize the life or health of the covered person or the ability of the covered person to regain maximum function; or

in the opinion of a physician with knowledge of the covered person's medical condition, would subject the covered person to severe pain that cannot be adequately managed without the service that is the subject of the claim.

Humana will make a determination of whether a claim is an Urgent-care Claim. However, any claim a physician, with knowledge of a covered person's medical condition, determines is a "Urgent-care Claim" will be treated as a "claim involving urgent care."

Submitting a claim

This section describes how a Claimant files a claim for plan benefits.

A claim must be filed in writing and delivered by mail, postage prepaid, by FAX or e-mail. A request for pre-authorization may be filed by telephone. The claim or request for pre-authorization must be submitted to Humana or to Humana's designee at the address indicated in the covered person's benefit plan document or identification card. Claims will be not be deemed submitted for purposes of these procedures unless and until received at the correct address.

Claims submissions must be in a format acceptable to Humana and compliant with any legal requirements. Claims not submitted in accordance with the requirements of applicable federal law respecting privacy of protected health information and/or electronic claims standards will not be accepted by Humana.

Claims submissions must be timely. Claims must be filed as soon as reasonably possible after they are incurred, and in no event later than the period of time described in the benefit plan document.

Claims submissions must be complete and delivered to the designated address. At a minimum they must include:

- Name of the covered person who incurred the covered expense.
- Name and address of the provider
- Diagnosis
- Procedure or nature of the treatment
- Place of service
- Date of service
- Billed amount

A general request for an interpretation of plan provisions will not be considered a claim. Requests of this type, such as a request for an interpretation of the eligibility provisions of the plan, should be directed to the plan administrator.

Procedural defects

If a Pre-service Claim submission is not made in accordance with the plan's requirements, Humana will notify the Claimant of the problem and how it may be remedied within five (5) days (or within 24 hours, in the case of an Urgent-care Claim). If a Post-service Claim is not made in accordance with the plan's requirement, it will be returned to the submitter.

Authorized representatives

A covered person may designate an authorized representative to act on his or her behalf in pursuing a benefit claim or appeal. The authorization must be in writing and authorize disclosure of health information. If a document is not sufficient to constitute designation of an authorized representative, as determined by Humana, the plan will not consider a designation to have been made. An assignment of benefits does not constitute designation of an authorized representative.

- Any document designating an authorized representative must be submitted to Humana in advance or at the time an authorized representative commences a course of action on behalf of the covered person. Humana may verify the designation with the covered person prior to recognizing authorized representative status.
- In any event, a health care provider with knowledge of a covered person's medical condition acting in connection with an Urgent-care Claim will be recognized by the plan as the covered person's authorized representative.

Covered persons should carefully consider whether to designate an authorized representative. Circumstances may arise under which an authorized representative may make decisions independent of the covered person, such as whether and how to appeal a claim denial.

Claims decisions

After a determination on a claim is made, Humana will notify the Claimant within a reasonable time, as follows:

Pre-service claims

Humana will provide notice of a favorable or *adverse determination* within a reasonable time appropriate to the medical circumstances but no later than 15 days after the plan receives the claim.

This period may be extended by an additional 15 days, if Humana determines the extension is necessary due to matters beyond the control of the plan. Before the end of the initial 15-day period, Humana will notify the Claimant of the circumstances requiring the extension and the date by which Humana expects to make a decision.

If the reason for the extension is because Humana does not have enough information to decide the claim, the notice of extension will describe the required information, and the Claimant will have at least 45 days from the date the notice is received to provide the necessary information.

Urgent-care claims (expedited review)

Humana will determine whether a particular claim is an Urgent-care Claim. This determination will be based on information furnished by or on behalf of a covered person. Humana will exercise its judgment when making the determination with deference to the judgment of a physician with knowledge of the covered person's condition. Humana may require a Claimant to clarify the medical urgency and circumstances supporting the Urgent-care Claim for expedited decision-making.

Notice of a favorable or *adverse determination* will be made by Humana as soon as possible, taking into account the medical urgency particular to the covered person's situation, but not later than 72 hours after receiving the Urgent-care Claim.

If a claim does not provide sufficient information to determine whether, or to what extent, services are covered under the plan, Humana will notify the Claimant as soon as possible, but not more than 24 hours after receiving the Urgent-care Claim. The notice will describe the specific information necessary to complete the claim. The Claimant will have a reasonable amount of time, taking into account the covered person's circumstances, to provide the necessary information – but not less than 48 hours.

Humana will provide notice of the plan's Urgent-care Claim determination as soon as possible but no more than 48 hours after the earlier of:

- The plan receives the specified information; or
- The end of the period afforded the Claimant to provide the specified additional information.

Concurrent-care decisions

Humana will notify a Claimant of a Concurrent-care Decision involving a reduction or termination of pre-authorized benefits sufficiently in advance of the reduction or termination to allow the Claimant to appeal and obtain a determination.

Humana will decide Urgent-care Claims involving an extension of a course of treatment as soon as possible taking into account medical circumstances. Humana will notify a Claimant of the benefit determination, whether adverse or not, within 24 hours after the plan receives the claim, provided the claim is submitted to the plan 24 hours prior to the expiration of the prescribed period of time or number of treatments.

Post-service claims

Humana will provide notice of a favorable or *adverse determination* within a reasonable time appropriate to the medical circumstances but no later than 30 days after the plan receives the claim.

This period may be extended an additional 15 days, if Humana determines the extension is necessary due to matters beyond the plan's control. Before the end of the initial 30-day period, Humana will notify the affected Claimant of the extension, the circumstances requiring the extension and the date by which the plan expects to make a decision.

If the reason for the extension is because Humana does not have enough information to decide the claim, the notice of extension will describe the required information, and the Claimant will have at least 45 days from the date the notice is received to provide the specified information. Humana will make a decision on the earlier of the date on which the Claimant responds or the expiration of the time allowed for submission of the requested information.

Initial denial notices

Notice of a claim denial (including a partial denial) will be provided to Claimants by mail, postage prepaid, by FAX or by e-mail, as appropriate, within the time frames noted above. With respect to adverse decisions involving Urgent-care Claims, notice may be provided to Claimants orally within the time frames noted above. If oral notice is given, written notification must be provided no later than 3 days after oral notification.

A claims denial notice will convey the specific reason for the *adverse determination* and the specific plan provisions upon which the determination is based. The notice will also include a description of any additional information necessary to perfect the claim and an explanation of why such information is necessary. The notice will disclose if any internal plan rule, protocol or similar criterion was relied upon to deny the claim. A copy of the rule, protocol or similar criterion will be provided to Claimants, free of charge, upon request.

The notice will describe the plan's review procedures and the time limits applicable to such procedures, including a statement of the Claimant's right to bring a civil action under ERISA Section 502(a) following an adverse benefit determination on review.

If an *adverse determination* is based on medical necessity, experimental treatment or similar exclusion or limitation, the notice will state that an explanation of the scientific or clinical basis for the determination will be provided, free of charge, upon request. The explanation will apply the terms of the plan to the covered person's medical circumstances.

In the case of an adverse decision of an Urgent-care Claim, the notice will provide a description of the plan's expedited review procedures

Appeals of Adverse Determinations

A Claimant must appeal an *adverse determination* within 180 days after receiving written notice of the denial (or partial denial). An appeal may be made by a Claimant by means of written application to Humana, in person, or by mail, postage prepaid.

A Claimant, on appeal, may request an expedited appeal of an adverse Urgent-care Claim decision orally or in writing. In such case, all necessary information, including the plan's benefit determination on review, will be transmitted between the plan and the Claimant by telephone, facsimile, or other available similarly expeditious method, to the extent permitted by applicable law

Determination of appeals of denied claims will be conducted promptly, will not defer to the initial determination and will not be made by the person who made the initial adverse claim determination or a subordinate of that person. The determination will take into account all comments, documents, records, and other information submitted by the Claimant relating to the claim.

On appeal, a Claimant may review relevant documents and may submit issues and comments in writing. A Claimant on appeal may, upon request, discover the identity of medical or vocational experts whose advice was obtained on behalf of the plan in connection with the *adverse determination* being appealed, as permitted under applicable law.

If the claims denial is based in whole, or in part, upon a medical judgment, including determinations as to whether a particular treatment, or other service is experimental, investigational, or not medically necessary or appropriate, the person deciding the appeal will consult with a health care professional who has appropriate training and experience in the field of medicine involved in the medical judgment. The consulting health care professional will not be the same person who decided the initial appeal or a subordinate of that person.

Time periods for decisions on appeal

Appeals of claims denials will be decided and notice of the decision provided as follows:

Urgent-care Claims	As soon as possible but no later than 72 hours after Humana receives the appeal request.
Pre-service Claims	Within a reasonable period but no later than 30 days after Humana receives the appeal request.
Post-service Claims	Within a reasonable period but no later than 60 days after Humana receives the appeal request.
Concurrent-care Decisions	Within the time periods specified above depending on the type of claim involved.

Appeals denial notices

Notice of a claim denial (including a partial denial) will be provided to Claimants by mail, postage prepaid, by FAX or by e-mail, as appropriate, within the time periods noted above.

A notice that a claim appeal has been denied will include:

- The specific reason or reasons for the *adverse determination*;
- Reference to the specific plan provision upon which the determination is based;
- If any internal plan rule, protocol or similar criterion was relied upon to deny the claim. A copy of the rule, protocol or similar criterion will be provided to the Claimant, free of charge, upon request;
- A statement describing any voluntary appeal procedures offered by the plan and the claimant's right to obtain the information about such procedures, and a statement about the Claimant's right to bring an action under section 502(a) of ERISA;
- If an *adverse determination* is based on medical necessity, experimental treatment or similar exclusion or limitation, the notice will state that an explanation of the scientific or clinical basis for the determination will be provided, free of charge, upon request. The explanation will apply the terms of the plan to the covered person's medical circumstances.

In the event an appealed claim is denied, the Claimant will be entitled to receive without charge reasonable access to, and copies of, any documents, records or other information that:

- Was relied upon in making the determination;
- Was submitted, considered or generated in the course of making the benefit determination, without regard to whether such document, record or other information was relied upon in making the benefit determination;
- Demonstrates compliance with the administrative processes and safeguards required in making the determination;
- Constitutes a statement of policy or guidance with respect to the plan concerning the denied treatment option or benefit for the claimant's diagnosis, without regard to whether the statement was relied on in making the benefit determination.

Exhaustion of remedies

Upon completion of the appeals process under this section, a Claimant will have exhausted his or her administrative remedies under the plan. If Humana fails to complete a claim determination or appeal within the time limits set forth above, the claim shall be deemed to have been denied and the Claimant may proceed to the next level in the review process.

After exhaustion of remedies, a Claimant may pursue any other legal remedies available, which may include bringing civil action under ERISA section 502(a) for judicial review of the plan's determination. Additional information may be available from the local U.S. Department of Labor Office.

Legal actions and limitations

No lawsuit may be brought with respect to plan benefits until all remedies under the plan have been exhausted.

No lawsuit with respect to plan benefits may be brought after the expiration of the applicable limitations period stated in the benefit plan document. If no limitation is stated in the benefit plan document, then no such suit may be brought after the expiration of the applicable limitations under applicable law.

Medical child support orders

An individual who is a child of a covered employee shall be enrolled for coverage under the group health plan in accordance with the direction of a Qualified Medical Child Support Order (QMCSO) or a National Medical Support Notice (NMSO).

A QMCSO is a state-court order or judgment, including approval of a settlement agreement that:

- provides for support of a covered employee's child;
- provides for health care coverage for that child;
- is made under state domestic relations law (including a community property law);
- relates to benefits under the group health plan; and
- is "qualified," i.e., it meets the technical requirements of ERISA or applicable state law.

QMCSO also means a state court order or judgment enforcing state Medicaid law regarding medical child support required by the Social Security Act § 1908 (as added by Omnibus Budget Reconciliation Act of 1993).

An NMSO is a notice issued by an appropriate agency of a state or local government that is similar to a QMCSO requiring coverage under the group health plan for a dependent child of a non-custodial parent who is (or will become) a covered person by a domestic relations order providing for health care coverage.

Procedures for determining the qualified status of medical child support orders are available at no cost upon request from the plan administrator.

Continuation of coverage for full-time students during medical leave of absence

A dependent child who is in regular full-time attendance at an accredited secondary school, college or university, or licensed technical school continues to be eligible for coverage for until the earlier of the following if the dependent child takes a medically necessary leave of absence:

- Up to one year after the first day of the medically necessary leave of absence; or
- The date coverage would otherwise terminate under the plan.

We may require written certification from the dependent child's health care practitioner that the dependent child has a serious bodily injury or sickness requiring a medically necessary leave of absence.

General notice of COBRA continuation coverage rights

Introduction

You are getting this notice because you recently gained coverage under a group health and/or dental plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health and/or dental coverage. It can also become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you too lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced; or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you too lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to the employer, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA coverage available?

The plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- the end of employment or reduction of hours of employment;
- death of the employee;
- commencement of a proceeding in bankruptcy with respect to the employer; or
- the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs.

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events or a second qualifying event during the initial period of coverage may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of

- **continuation coverage** - If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage

Second qualifying event extension of 18-month period of

- **continuation coverage** - If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, or other laws affecting your group health and/or dental plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit at www.dol.gov/ebsa. (address and phone numbers of Regional and District EBSA Office are available through EBSA's website.)

Keep your plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information:

Humana
Billing/Enrollment Department
101 E Main Street
Louisville, KY 40201
1-800-872-7207

Family and Medical Leave Act (FMLA)

If an employee is granted a leave of absence (Leave) by the employer as required by the Federal Family and Medical Leave Act, s/he may continue to be covered under the plan for the duration of the Leave under the same conditions as other employees who are currently employed and covered by the plan. If the employee chooses to terminate coverage during the Leave, or if coverage terminates as a result of nonpayment of any required contribution, coverage may be reinstated on the date the employee returns to work immediately following the end of the Leave. Charges incurred after the date of reinstatement will be paid as if the employee had been continuously covered.

Uniformed Services Employment and Reemployment Rights Act of 1994***Continuation of benefits***

Effective October 13, 1994, federal law requires health plans offer to continue coverage for employees that are absent due to service in the uniformed services and/or dependents.

Eligibility

An employee is eligible for continuation under USERRA if he or she is absent from employment because of voluntary or involuntary performance of duty in the Armed Forces, Army National Guard, Air National Guard, or commissioned corps of the Public Health Service. Duty includes absence for active duty, active duty for training, initial active duty for training, inactive duty training and for the purpose of an examination to determine fitness for duty.

An employee's dependents that have coverage under the plan immediately prior to the date of the employee's covered absence are eligible to elect continuation under USERRA.

If continuation of Plan coverage is elected under USERRA, the employee or dependent is responsible for payment of the applicable cost of coverage. If the employee is absent for not longer than 31 days, the cost will be the amount the employee would otherwise pay for coverage. For absences exceeding 30 days, the cost may be up to 102% of the cost of coverage under the plan. This includes the employee's share and any portion previously paid by the employer.

Duration of coverage

If elected, continuation coverage under USERRA will continue until the earlier of:

- 24 months beginning the first day of absence from employment due to service in the uniformed services; or
- The day after the employee fails to apply for a return to employment as required by USERRA, after the completion of a period of service.

Under federal law, the period coverage available under USERRA shall run concurrently with the COBRA period available to an employee and/or eligible dependent.

Other information

Employees should contact their employer with any questions regarding coverage normally available during a military leave of absence or continuation coverage and notify the employer of any changes in marital status, or change of address.

Your Rights Under the Employment Rights Income Security Act of 1974 (ERISA)

Under ERISA, all plan participants covered by ERISA are entitled to certain rights and protections, as described below. Notwithstanding anything in the group health plan or group insurance policy, following are a covered person's minimum rights under ERISA. ERISA requirements do not apply to plans maintained by governmental agencies or churches.

Information about the plan and benefits

Plan participants may:

- Examine, free of charge, all documents governing the plan. These documents are available in the plan administrator's office.
- Obtain, at a reasonable charge, copies of documents governing the plan, including a copy of any updated summary plan description and a copy of the latest annual report for the plan (Form 5500), if any, by writing to the plan administrator.
- Obtain, at a reasonable charge, a copy of the latest annual report (Form 5500) for the plan, if any, by writing to the plan administrator.

As a plan participant, you will receive a summary of any material changes made in the plan within 210 days after the end of the plan year in which the changes are made unless the change is a material reduction in covered services or benefits, in which case you will receive a summary of the material reduction within 60 days after the date of its adoption.

If the plan is required to file a summary annual financial report, you will receive a copy from the plan administrator.

Responsibilities of plan fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the plan. These people, called "fiduciaries" of the plan, have a duty to act prudently and in the interest of plan participants and beneficiaries.

No one, including an employer, may discharge or otherwise discriminate against a plan participant in any way to prevent the participant from obtaining a benefit to which the participant is otherwise entitled under the plan or from exercising ERISA rights.

Continue group health plan coverage

Participants may be eligible to continue health care coverage for themselves, their spouse or dependents if there is a loss of coverage under the group health plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review the COBRA notice in this document regarding the rules governing COBRA continuation coverage rights.

Claims determinations

If a claim for a plan benefit is denied or disregarded, in whole or in part, participants have the right to know why this was done, to obtain copies of documents relating to the decision without charge and to appeal any denial within certain time schedules.

Enforce your rights

Under ERISA, there are steps participants may take to enforce the above rights. For instance:

- if a participant requests a copy of plan documents and does not receive them within 30 days, the participant may file suit in a Federal court. In such a case, the court may require the plan administrator to provide the materials and pay you up to \$ 110 a day until the participant receives the materials, unless the materials were not sent because of reasons beyond the control of the plan administrator;
- if a claim for benefits is denied or disregarded, in whole or in part, the participant may file suit in a state or Federal court;
- if the participant disagrees with the plan's decision, or lack thereof, concerning the qualified status of a domestic relations order or a medical child support order, the participant may file suit in Federal court;
- if plan fiduciaries misuse the plan's money, or if participants are discriminated against for asserting their rights, they may seek assistance from the U.S. Department of Labor, or may file suit in a Federal court.

The court will decide who should pay court costs and legal fees. If the participant is successful, the court may order the person sued to pay costs and fees. If the participant loses, the court may order the participant to pay the costs and fees.

Assistance with questions

- Contact the group health plan human resources department or the plan administrator with questions about the plan;
- For questions about ERISA rights, contact the nearest area office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or:

The Division of Technical Assistance and Inquiries
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue N.W.
Washington, D.C. 20210;

- Call the publications hotline of the Employee Benefits Security Administration to obtain publications about ERISA rights.

Discrimination is Against the Law

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Humana Inc. and its subsidiaries provide:

- Free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.
- Free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call the number on your ID card or, if you use a TTY, call 711.

If you believe that Humana Inc. and its subsidiaries have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Discrimination Grievances
P.O. Box 14618
Lexington, KY 40512-4618

If you need help filing a grievance, call the number on your ID card or if you use a TTY, call 711.

You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Interpreter Services

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call the number on your ID card (TTY: 711).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación (TTY: 711).

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電會員卡上的電話號碼 (TTY: 711)。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số điện thoại ghi trên thẻ ID của quý vị (TTY: 711).

한국어 (Korean): 주의 : 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 . ID 카드에 적혀 있는 번호로 전화해 주십시오 (TTY: 711).

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tawagan ang numero na nasa iyong ID card (TTY: 711).

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Наберите номер, указанный на вашей карточке-удостоверении (телетайп: 711).

Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele nimewo ki sou kat idantite manm ou (TTY: 711).

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro figurant sur votre carte de membre (ATS : 711).

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Proszę zadzwonić pod numer podany na karcie identyfikacyjnej (TTY: 711).

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para o número presente em seu cartão de identificação (TTY: 711).

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero che appare sulla tessera identificativa (TTY: 711).

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Wählen Sie die Nummer, die sich auf Ihrer Versicherungskarte befindet (TTY: 711).

日本語 (Japanese): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。お手持ちの ID カードに記載されている電話番号までご連絡ください (TTY: 711)。

فارسی (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.
با شماره تلفن روی کارت شناسایی تان تماس بگیرید (TTY: 711).

Diné Bizaad (Navajo): Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, námbóo ninaaltsoos yézhí, bee nées ho'dółzin bikáá'ígíí bee hólne' (TTY: 711).

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم الهاتف الموجود على بطاقة الهوية الخاصة بك (رقم هاتف الصم والبكم: 711).

City of Fort Lauderdale
Group DHMO and DPPO Dental Plan Benefits
RFP # XXX-XXXXX

Proposal Questionnaire

Responses to the following questions are to be included in your proposal and also in an electronic format (CD) as a Word document.

General

1. Where are your company's claims and customer service offices located that will be servicing this account? Are there any plans to locate those member call centers out of the country? If so, please elaborate.
2. Is your company willing to provide a dedicated toll free number (and dedicated staff) for servicing this account?
3. Is your company capable of providing the following reports on a monthly basis? If not, please provide a description of reports the company is capable of providing and their frequency. Please list the reports you are not able to provide in the deviation section of your proposal.

DPPO Plans

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

Quarterly Utilization reports by category of services and CDT code

Monthly Paid Claims and Premium by Plan (by Firefighters & All other groups)

Quarterly Summary Reports of customer service calls providing the number of calls and categorizing the reasons for the calls such as benefit inquiries, claim issues, provider issues, network assistance.

DHMO Plans

Monthly total revenue and expenses including capitation, fee for service and administration.

Number of encounters by CDT code and description, by month

Denied claim report indicating the reasons for denial

Quarterly Utilization reports by category of services

Quarterly Summary Reports of customer service calls for the City providing the number of calls and categorizing the reasons for the calls such as benefit inquiries, claim issues, provider issues, network assistance.

4. Please provide your website address and a description of the services and capabilities for employers and members available at that site.
5. How often is your online directory of providers updated for terminations and additions?
6. Does your company have the ability to take automatic weekly eligibility updates from the City's payroll system, Cyborg, and/or Cigna Guided Solutions?
7. Are the DPPO and DHMO plans both serviced through the same toll-free number and website?
8. Is your organization currently in compliance with Florida Department of Financial Services statutes and requirements? If no, describe why not.
9. Is member satisfaction information linked to provider compensation? If so, how?

City of Fort Lauderdale
Group DHMO and DPPO Dental Plan Benefits
RFP # XXX-XXXXX

10. How many verbal and written complaints were received per 1,000 members during 2015 and 2016?
11. Are claim forms ever required of patients? If so, under what circumstances?
12. What percentage of your primary care providers are capitated? Specialty providers?
13. What percentage of orthodontists, maxillofacial surgeons, endodontists and periodontists have certification in their specialty from an accredited program?
14. What process is in place for members to nominate dentists to the DHMO and/or DPPO network? Include the estimated timeframe in which the process will be completed.

DHMO

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

	<u>Broward</u>	<u>Miami-Dade</u>	Palm Beach	<u>Martin</u>
General Dentists	_____	_____	_____	_____
Specialists	_____	_____	_____	_____
2. Does your proposed DHMO plan require the member to select a general dentist and what are the requirements for changing DHMO dentists?
3. Can each family member select his or her own dentist when using the DHMO?
4. How often are members permitted to change their selection of a dentist?
5. Does your plan require a referral to a specialist dentist? If yes, please explain the process and turn-around time for the referral.
6. Please provide a description of the process and estimated timeline to add DPPO Dentists and DPPO dentists to your network.
7. Does your plan include a copay for each dentist office visit in addition to the copay for each defined service provided?
8. Please describe any plans for future DHMO network growth in Broward, Miami-Dade, Palm Beach and Martin Counties. Be specific and include number and type of dentists targeted by county. If no growth is planned, please say so.
9. What is the maximum number of members that may be assigned to a specific dentist before a practice is closed to new members? Include a description of how often this is measured and if the calculation includes other DHMO plan members.
10. How many participating general dentists in Broward, Miami-Dade, Palm Beach and Martin Counties left your DHMO network in 2016? How many were added in 2016?
11. How many participating specialist dentists in Broward, Miami-Dade, Palm Beach and Martin Counties left your DHMO network in 2016? How many were added in 2016?
12. Please describe your credentialing criteria and process for DHMO providers.
13. How many general dentists are not accepting new patients? Please provide this information separately for Broward, Miami-Dade, Palm Beach Counties and Monroe counties.

Broward	_____
Miami-Dade	_____

City of Fort Lauderdale
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Palm Beach _____
Martin _____

14. What is the 2016 turnover percentage for your DHMO network of general dentists?
15. What is the process for a newly-added DHMO member to receive services if he does not yet appear in the provider's eligibility file?
16. How are emergency dental services provided and/or reimbursed for members who may be out of area at time of service?
17. Provide a description of benefits available for TMJ. Include details regarding any required authorization processes.
18. Does your proposed DHMO plan include coverage for implants? If yes, please explain the coverage.
19. Does your proposed DHMO plan include coverage for resin-based composite fillings on posterior teeth? If so, please specify any price differences in filling materials.
20. What benefits, if any, are included for the detection of oral cancer?
21. For services that are limited to a certain number of occurrences within a plan year, such as prophylaxis, periodontal maintenance, bitewings and periodic exams, please specify how the frequency is monitored (i.e. days, months, etc.). What limitations and guidelines does your company use to determine when a member is eligible for subsequent occurrences?

DPPO

1. Are members required to select a dentist when enrolled in the PPO?
2. What is the average turn around for a clean non-network claim submission?
3. Please describe the credentialing criteria for PPO dentists.
4. Are non-network claims paid subject to usual, customary and reasonable allowances or a schedule of allowances?
5. Describe your company's method of determining usual, customary and reasonable charges.
6. What database does your company use for reasonable and customary profiles? How often is it updated?
7. What percentile is typically used for dental R&C? What are the options?
8. Can your system allow certain tolerance ranges to be applied to reasonable and customary limits? Describe.
9. Are participating dentist offices required to file claims on behalf of their members as part of the provider contract?
10. Do your proposed DPPO plans include coverage for resin-based composite fillings on posterior teeth? If so, please specify any price differences in filling materials.
11. What benefits, if any, are included for the detection of oral cancer?
12. For services that are limited to a certain number of occurrences within a plan year, such as prophylaxis, periodontal maintenance, bitewings and periodic exams, please specify how the frequency is monitored (i.e. days, months, etc.). What limitations

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and guidelines does your company use to determine when a member is eligible for subsequent occurrences?

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DHMO Copay Comparison**

**Proposer's
Name**

CDT Code	Benefit	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here
	Specialist Services				
	Are charges for noble & high noble metal included in listed copays?				
	Are lab charges included in listed copays?				
	Charge for cases involving more than 6 crowns, implants and/or fixed bridge units				
	Office Visit Copay in addition to copay for specific service				
Diagnostic					
Clinical Oral Evaluations					
D0120	Periodic Oral Evaluation				
D0140	Limited Oral Evaluation				
D0145	Oral Evaluation for a Patient Under 3 Years of Age				
D0150	Comprehensive Oral Evaluation				
D0160	Detailed and Extensive Oral Evaluation				
D0170	Re-evaluation - Limited, Problem Focused				
D0180	Comprehensive Periodontal Evaluation				
Pre-diagnostic Services					
D0190	Screening of a patient				
D0191	Assessment of a patient				
Radiographs/Diagnostic Imaging (Including Interpretation)					
D0210	Intraoral - Complete Series (Including Bitewings)				
D0220	Intraoral - Periapical, First Film				
D0230	Intraoral - Periapical, Each Additional Film				
D0240	Intraoral - Occlusal Film				
D0250	Extraoral - First Film				
D0260	Extraoral - Each Additional Film				
D0270	Bitewing - Single Film				
D0272	Bitewings - Two Films				
D0273	Bitewings - Three Films				
D0274	Bitewings - Four Films				
D0277	Vertical Bitewings - 7 to 8 Films				
D0290	Posterior-Anterior or Lateral Skull and Facial Bone Survey Film				
D0310	Sialography				
D0320	Temporomandibular Joint Arthrogram				
D0321	Other Temporomandibular Joint Films, By Report				
D0322	Tomographic Survey				
D0330	Panoramic Film				

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CDT Code	Benefit	<i>Enter DHMO Plan Name Here</i>	<i>Enter DHMO Plan Name Here</i>	<i>Enter DHMO Plan Name Here</i>	<i>Enter DHMO Plan Name Here</i>
D0340	Cephalometric Film				
D0350	Oral/Facial Photographic Images				
D0360	Cone Beam CT				
D0362	Cone Beam - Two-Dimensional Image Reconstruction				
D0363	Cone Beam - Three-Dimensional Image Reconstruction				
D0364	Cone Beam CT capture and interpretation with limited field of view				
D0365	Cone Beam CT capture and interpretation with field of view of one full dental arch-mandible				
D0366	Cone Beam CT capture and interpretation with field of view of one full dental arch-maxilla, with or without cranium				
D0367	Cone Beam CT capture and interpretation with field of view of both jaws with or without cranium				
D0368	Cone Beam CT capture and interpretation for TMJ series				
D0369	Maxillofacial MRI capture and interpretation				
D0370	Maxillofacial ultrasound capture and interpretation				
D0371	Sialoendoscopy capture and interpretation				
Image Capture Only					
D0380	Cone Beam CT image capture with limited field of view-less than one whole jaw				
D0381	Cone Beam CT image capture with field of view of one full dental arch-mandible				
D0382	Cone Beam CT image capture with field of view of one full dental arch-maxilla, with or without cranium				
D0384	Cone Beam image capture for TMJ series including two or more exposures				
D0385	Maxillofacial MRI image capture				
D0386	Maxillofacial ultrasound image capture				
Image Capture Only					
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report				
Tests and Examinations					
D0415	Collection of Microorganisms for Culture and Sensitivity				
D0416	Viral Culture				
D0417	Collection and Preparation of Saliva Sample for Laboratory Diagnostic Testing				
D0418	Analysis of Saliva Sample				

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CDT Code	Benefit	<i>Enter DHMO Plan Name Here</i>	<i>Enter DHMO Plan Name Here</i>	<i>Enter DHMO Plan Name Here</i>	<i>Enter DHMO Plan Name Here</i>
D0421	Genetic Test for Susceptibility to Oral Diseases				
D0425	Caries Susceptibility Tests				
D0431	Adjunctive Pre-diagnostic Test, Not to Include Cytology or Biopsy Procedures				
D0460	Pulp Vitality Tests				
D0470	Diagnostic Casts				
Oral Pathology Laboratory					
D0472	Accession of Tissue, Gross Examination, Preparation and Transmission of Written Report				
D0473	Accession of Tissue, Gross and Microscopic Examination, Preparation and Transmission of Written Report				
D0474	Accession of Tissue, Gross and Microscopic Examination, Including Assessment of Surgical margins for presence of Disease, Preparation and Transmission of Written Report				
D0480	Accession of Exfoliative Cytologic Smears, Microscopic Examination, Preparation and Transmission of Written Report				
D0486	Accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report				
D0475	Decalcification Procedure				
D0476	Special Stains for Microorganisms				
D0477	Special Stains, not for Microorganisms				
D0478	Immunohistochemical Stains				
D0479	Tissue In-Situ Hybridization, Including Interpretation				
D0481	Electron Microscopy - Diagnostic				
D0482	Direct Immunofluorescence				
D0483	Indirect Immunofluorescence				
D0484	Consultation on Slides Prepared Elsewhere				
D0485	Consultation, Including Preparation of Slides From Biopsy Material Supplied By Referring Source				
D0502	Other Oral Pathology Procedures, By Report				
D0999	Unspecified Diagnostic Procedure, By Report				
Preventive					
Dental Prophylaxis					
D1110	Prophylaxis - Adult				
	(Additional Cleaning, In Addition to the One Allowed Every 6 Months)				
D1120	Prophylaxis - Child				

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CDT Code	Benefit	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here
	(Additional Cleaning, In Addition to the One Allowed Every 6 Months)				
Topical Fluoride Treatment (Office Procedure)					
D1203	Topical Application of Fluoride - Child				
D1204	Topical Application of Fluoride - Adult				
D1206	Topical Fluoride Varnish; Therapeutic Application for Moderate to High Caries Risk Patients				
D1208	Topical application of fluoride				
Other Preventive Services					
D1310	Nutritional Counseling for Control of Dental Disease				
D1320	Tobacco Counseling for the Control and Prevention of Oral Disease				
D1330	Oral Hygiene Instructions				
D1351	Sealant - Per Tooth				
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth				
Space Maintenance (Passive Appliances)					
D1510	Space Maintainer - Fixed - Unilateral				
D1515	Space Maintainer - Fixed - Bilateral				
D1520	Space Maintainer - Removable - Unilateral				
D1525	Space Maintainer - Removable - Bilateral				
D1550	Re-cementation of Space Maintainer				
D1555	Removal of Fixed Space Maintainer				
Restorative					
Amalgam Restorations (Including Polishing)					
D2140	Amalgam - One Surface, Primary or Permanent				
D2150	Amalgam - Two Surfaces, Primary or Permanent				
D2160	Amalgam - Three Surfaces, Primary or Permanent				
D2161	Amalgam - Four or More Surfaces, Primary or Permanent				
Resin-Based Composite Restorations - Direct					
D2330	Resin-Based Composite - One Surface, Anterior				
D2331	Resin-Based Composite - Two Surfaces, Anterior				
D2332	Resin-Based Composite - Three Surfaces, Anterior				
D2335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle (Anterior)				
D2390	Resin-Based Composite Crown, Anterior				
D2391	Resin-Based Composite - One Surface, Posterior				
D2392	Resin-Based Composite - Two Surfaces, Posterior				

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CDT Code	Benefit	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here
D2393	Resin-Based Composite - Three Surfaces, Posterior				
D2394	Resin-Based Composite - Four or More Surfaces, Posterior				
Gold Foil Restorations					
D2410	Gold Foil - One Surface				
D2420	Gold Foil - Two Surfaces				
D2430	Gold Foil - Three Surfaces				
Inlay/Onlay Restorations					
D2510	<i>Inlay - Metallic - One Surface</i>				
D2520	<i>Inlay - Metallic - Two Surfaces</i>				
D2530	<i>Inlay - Metallic - Three or More Surfaces</i>				
D2542	<i>Onlay - Metallic - Two Surfaces</i>				
D2543	<i>Onlay - Metallic - Three Surfaces</i>				
D2544	<i>Onlay - Metallic - Four or More Surfaces</i>				
D2610	<i>Inlay - Porcelain/Ceramic - One Surface</i>				
D2620	<i>Inlay - Porcelain/Ceramic - Two Surfaces</i>				
D2630	<i>Inlay - Porcelain/Ceramic - Three or More Surfaces</i>				
D2642	<i>Onlay - Porcelain/Ceramic - Two Surfaces</i>				
D2643	<i>Onlay - Porcelain/Ceramic - Three Surfaces</i>				
D2644	<i>Onlay - Porcelain/Ceramic - Four or More Surfaces</i>				
D2650	<i>Inlay - Resin-Based Composite - One Surface</i>				
D2651	<i>Inlay - Resin-Based Composite - Two Surfaces</i>				
D2652	<i>Inlay - Resin-Based Composite - Three or More Surfaces</i>				
D2662	<i>Onlay - Resin-Based Composite - Two Surfaces</i>				
D2663	<i>Onlay - Resin-Based Composite - Three Surfaces</i>				
D2664	<i>Onlay - Resin-Based Composite - Four or More Surfaces</i>				
Crowns - Single Restorations Only					
D2710	<i>Crown - Resin-Based Composite (Indirect)</i>				
D2712	<i>Crown - 3/4 Resin-Based Composite (Indirect)</i>				
D2720	<i>Crown - Resin with High Noble Metal</i>				
D2721	<i>Crown - Resin with Predominantly Base Metal</i>				
D2722	<i>Crown - Resin with Noble Metal</i>				
D2740	<i>Crown - Porcelain/Ceramic Substrate</i>				
D2750	<i>Crown - Porcelain Fused to High Noble Metal</i>				
D2751	<i>Crown - Porcelain Fused to Predominantly Base Metal</i>				
D2752	<i>Crown - Porcelain Fused to Noble Metal</i>				
D2780	<i>Crown - 3/4 Cast High Noble Metal</i>				

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CDT Code	Benefit	<i>Enter DHMO Plan Name Here</i>	<i>Enter DHMO Plan Name Here</i>	<i>Enter DHMO Plan Name Here</i>	<i>Enter DHMO Plan Name Here</i>
D2781	Crown - 3/4 Cast Predominantly Base Metal				
D2782	Crown - 3/4 Cast Noble Metal				
D2783	Crown - 3/4 Porcelain/Ceramic				
D2790	Crown - Full Cast High Noble Metal				
D2791	Crown - Full Cast Predominantly Base Metal				
D2792	Crown - Full Cast Noble Metal				
D2794	Crown - Titanium				
D2799	Provisional Crown				
Other Restorative Services					
D2910	Recement Inlay, Onlay, or Partial Coverage Restoration				
D2915	Recement Cast or Prefabricated Post and Core				
D2920	Recement Crown				
D2929	Prefabricated porcelain/ceramic crown-primary tooth				
D2930	Prefabricated Stainless Steel Crown - Primary Tooth				
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth				
D2932	Prefabricated Resin Crown				
D2933	Prefabricated Stainless Steel Crown with Resin Window				
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth				
D2940	Protective Restoration				
D2950	Core Buildup, Including Any Pins				
D2951	Pin Retention - Per Tooth, In Addition to Restoration				
D2952	Post and Core In Addition to Crown, Indirectly Fabricated				
D2953	Each Additional Indirectly Fabricated Post - Same Tooth				
D2954	Prefabricated Post and Core In Addition to Crown				
D2955	Post Removal (Not in Conjunction with Endodontic Therapy)				
D2957	Each Add Prefabricated Post - Same Tooth				
D2960	Labial Veneer (Resin Laminate) - Chairside				
D2961	Labial Veneer (Resin Laminate) - Laboratory				
D2962	Labial veneer (Porcelain Laminate) - Laboratory				
D2970	Temporary Crown (Fractured Tooth)				
D2971	Additional Procedures to Construct New Crown Under Existing Partial Denture Framework				
D2975	Coping				
D2980	Crown Repair, By Report				
D2981	Inlay repair necessitated by restorative material failure				
D2982	Onlay repair necessitated by restorative material failure				

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CDT Code	Benefit	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here
D2983	Veneer repair necessitated by restorative material failure				
D2990	Resin infiltration of incipient smooth surface lesions				
D2999	Unspecified Restorative Procedure, By Report				
Endodontics					
Pulp Capping					
D3110	Pulp Cap - Direct (Excluding Final Restoration)				
D3120	Pulp Cap - Indirect (Excluding Final Restoration)				
Pulpotomy					
D3220	Therapeutic Pulpotomy (Excluding Final Restoration) - Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament				
D3221	Pulpal Debridement, Primary and Permanent Teeth				
D3222	Partial Pulpotomy for Apexogenesis - Permanent Tooth with Incomplete Root Development				
Endodontic Therapy on Primary Teeth					
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)				
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)				
Endodontic Therapy					
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)				
D3320	Endodontic Therapy, Bicuspid Tooth (Excluding Final Restoration)				
D3330	Endodontic Therapy, Molar (Excluding Final Restoration)				
D3331	Treatment of Root Canal Obstruction; Non-Surgical Access				
D3332	Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fractured Tooth				
D3333	Internal Root Repair or Perforation Defects				
Endodontic Retreatment					
D3346	Retreatment of Previous Root Canal Therapy - Anterior				
D3347	Retreatment of Previous Root Canal Therapy - Bicuspid				
D3348	Retreatment of Previous Root Canal Therapy - Molar				
Apexification/Recalcification Procedures					
D3351	Apexification/Recalcification - Initial Visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)				
D3352	Apexification/Recalcification/pulpal regeneration - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)				

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CDT Code	Benefit	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here
D3353	Apexification/Recalcification - Final Visit (Includes Completed Root Canal Therapy - Apical Closure/Calcific Repair of Perforations, Root Resorption, etc.)				
D3354	Pulpal Regeneration - (completion of regenerative treatment in an immature permanent tooth with a necrotic pulp); does not include final restoration				
Apicoectomy/Periradicular Services					
D3410	Apicoectomy/Periradicular Surgery - Anterior				
D3421	Apicoectomy/Periradicular Surgery - Bicuspid (First Root)				
D3425	Apicoectomy/Periradicular Surgery - Molar (First Root)				
D3426	Apicoectomy/Periradicular Surgery (Each Additional Root)				
D3430	Retrograde Filling - Per Root				
D3450	Root Amputation - Per Root				
D3460	Endodontic Endosseous Implant				
D3470	Intentional Reimplantation (Including Necessary Splinting)				
Other Endodontic Procedures					
D3910	Surgical Procedure for Isolation of Tooth with Rubber Dam				
D3920	Hemisection (Including any Root Removal), Not Including Root Canal Therapy				
D3950	Canal Preparation and Fitting of Preformed Dowel or Post				
D3999	Unspecified Endodontic Procedure, By Report				
Periodontics					
Surgical Services (Including Usual Postoperative Care)					
D4210	Gingivectomy of Gingivoplasty - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant				
D4211	Gingivectomy or Gingivoplasty - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant				
D4212	Gingivectomy of Gingivoplasty to allow access for restorative procedure, per tooth				
D4230	Anatomical Crown Exposure - Four or More Teeth Per Quadrant				
D4231	Anatomical Crown Exposure - One to Three Teeth Per Quadrant				
D4240	Gingival Flap Procedure, Including Root Planing - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant				
D4241	Gingival Flap Procedure, Including Root Planing - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant				
D4245	Apically Positioned Flap				

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**Proposer's
Name**

CDT Code	Benefit	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here
D4249	Clinical Crown Lengthening - Hard Tissue				
D4260	Osseous Surgery (Including Flap Entry and Closure) - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant				
D4261	Osseous Surgery (Including Flap Entry and Closure) - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant				
D4263	Bone Replacement Graft - First Site in Quadrant				
D4264	Bone Replacement Graft - Each Additional Site in Quadrant				
D4265	Biologic Materials to Aid in Soft and Osseous Tissue Regeneration				
D4266	Guided Tissue Regeneration - Resorbable Barrier, Per Site				
D4267	Guided Tissue Regeneration - Nonresorbable Barrier, Per Site (Includes Membrane Removal)				
D4268	Surgical Revision Procedure, Per Tooth				
D4270	Pedicle Soft Tissue Graft Procedure				
D4271	Free Soft Tissue Graft Procedure (Including Donor Site Surgery)				
D4273	Subepithelial Connective Tissue Graft Procedures, Per Tooth				
D4274	Distal or Proximal Wedge Procedure (When Not performed in Conjunction With Surgical Procedures in the Same Anatomical Area)				
D4275	Soft Tissue Allograft				
D4276	Combined Connective Tissue and Double Pedicle Graft, Per Tooth				
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft				
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site				
Non-Surgical Periodontal Service					
D4320	Provisional Splinting, Intracoronal				
D4321	Provisional Splinting, Extracoronal				
D4341	Periodontal Scaling and Root Planing - Four or More Teeth Per Quadrant				
D4342	Periodontal Scaling and Root Planing - One to Three Teeth Per Quadrant				
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis				
D4381	Localized Delivery of Antimicrobial Agents Via a Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth, By Report				
Other Periodontal Services					
D4910	Periodontal Maintenance				
	Additional Periodontal Maintenance				
D4920	Unscheduled Dressing Change (by someone other than treating dentist)				

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CDT Code	Benefit	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here
D4999	Unspecified Periodontal Procedure, By Report				
<u>Prosthodontics (Removable)</u>					
Complete Dentures					
D5110	Complete Denture - Maxillary				
D5120	Complete Denture - Mandibular				
D5130	Immediate Denture - Maxillary				
D5140	Immediate Denture - Mandibular				
Partial Dentures (Including Routine Post-delivery Care)					
D5211	Maxillary Partial Denture - Resin Base (Including any Conventional Clasps, Rests and Teeth)				
D5212	Mandibular Partial Denture - Resin Base (Including any Conventional Clasps, Rests and Teeth)				
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)				
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including any Conventional Clasps, Rests and Teeth)				
D5225	Maxillary Partial Denture - Flexible Base (Including any Clasps, Rests and Teeth)				
D5226	Mandibular Partial Denture - Flexible Base (Including any Clasps, Rests and Teeth)				
D5281	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Clasps and Teeth)				
Adjustments to Dentures					
D5410	Adjust Complete Denture - Maxillary				
D5411	Adjust Complete Denture - Mandibular				
D5421	Adjust Partial Denture - Maxillary				
D5422	Adjust Partial Denture - Mandibular				
Repairs to Complete Dentures					
D5510	Repair Broken Complete Denture Base				
D5520	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)				
Repairs to Partial Dentures					
D5610	Repair Resin Denture Base				
D5620	Repair Cast Framework				
D5630	Repair or Replace Broken Clasp				

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CDT Code	Benefit	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here
D5640	Replace Broken Teeth - Per Tooth				
D5650	Add Tooth to Existing Partial Denture				
D5660	Add Clasp to Existing Partial Denture				
D5670	Replace All Teeth and Acrylic on Cast Metal Framework (Maxillary)				
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (Mandibular)				
Denture Rebase Procedures					
D5710	Rebase Complete Maxillary Denture				
D5711	Rebase Complete Mandibular Denture				
D5720	Rebase Maxillary Partial Denture				
D5721	Rebase Mandibular Partial Denture				
Denture Reline Procedures					
D5730	Reline Complete Maxillary Denture (Chairside)				
D5731	Reline Complete Mandibular Denture (Chairside)				
D5740	Reline Maxillary Partial Denture (Chairside)				
D5741	Reline Mandibular Partial Denture (Chairside)				
D5750	Reline Complete Maxillary Denture (Laboratory)				
D5751	Reline Complete Mandibular Denture (Laboratory)				
D5760	Reline Maxillary Partial Denture (Laboratory)				
D5761	Reline Mandibular Partial Denture (Laboratory)				
Interim Prosthesis					
D5810	Interim Complete Denture (Maxillary)				
D5811	Interim Complete Denture (Mandibular)				
D5820	Interim Partial Denture (Maxillary)				
D5821	Interim Partial Denture (Mandibular)				
Other Removable Prosthetic Services					
D5850	Tissue Conditioning, Maxillary				
D5851	Tissue Conditioning, Mandibular				
D5860	Overdenture - Complete, By Report				
D5861	Overdenture - Partial, By Report				
D5862	Precision Attachment, By report				
D5867	Replacement of Replaceable Part of Semi-Precision or Precision Attachment (Male or Female Component)				
D5875	Modification of Removable Prosthesis Following Implant Surgery				
D5899	Unspecified Removable Prosthodontic Procedure, By Report				
Maxillofacial Prosthetics					

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CDT Code	Benefit	<i>Enter DHMO Plan Name Here</i>	<i>Enter DHMO Plan Name Here</i>	<i>Enter DHMO Plan Name Here</i>	<i>Enter DHMO Plan Name Here</i>
D5911	Facial Moulage (Sectional)				
D5912	Facial Moulage (Complete)				
D5913	Nasal Prosthesis				
D5914	Auricular Prosthesis				
D5915	Orbital Prosthesis				
D5916	Ocular Prosthesis				
D5919	Facial Prosthesis				
D5922	Nasal Septal Prosthesis				
D5923	Ocular Prosthesis, Interim				
D5924	Cranial Prosthesis				
D5925	Facial Augmentation Implant Prosthesis				
D5926	Nasal Prosthesis, Replacement				
D5927	Auricular Prosthesis, Replacement				
D5928	Orbital Prosthesis, Replacement				
D5929	Facial Prosthesis, Replacement				
D5931	Obturator Prosthesis, Surgical				
D5932	Obturator Prosthesis, Definitive				
D5933	Obturator Prosthesis, Modification				
D5934	Mandibular Resection Prosthesis with Guide Flange				
D5935	Mandibular Resection Prosthesis without Guide Flange				
D5936	Obturator Prosthesis, Interim				
D5937	Trismus Appliance (Not for TMD Treatment)				
D5951	Feeding Aid				
D5952	Speech Aid Prosthesis, Pediatric				
D5953	Speech Aid Prosthesis, Adult				
D5954	Palatal Augmentation Prosthesis				
D5955	Palatal Lift Prosthesis, Definitive				
D5958	Palatal Lift Prosthesis, Interim				
D5959	Palatal Lift Prosthesis, Modification				
D5960	Speech Aid Prosthesis, Modification				
D5982	Surgical Stent				
D5983	Radiation Carrier				
D5984	Radiation Shield				
D5985	Radiation Cone Locator				
D5986	Fluoride Gel Carrier				
D5987	Commissure Splint				

**City of Fort Lauderdale
DHMO Copay Comparison**

**Proposer's
Name**

CDT Code	Benefit	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here
D5988	Surgical Splint				
D5991	Topical Medicament Carrier				
D5992	Adjust maxillofacial prosthetic appliance, by report				
D5993	Maintenance and Cleaning of a Maxillofacial Prosthesis (Extra or Intraoral) Other Than Required Adjustments, By Report				
D5999	Unspecified Maxillofacial Prosthesis, By Report				
<u>Implant Services</u>					
<u>Pre-Surgical Services</u>					
D6190	Radiographic/surgical Implant Index, By Report				
<u>Surgical Services</u>					
D6010	Surgical Placement of Implant Body: Endosteal Implant				
D6012	Surgical Placement of Interim Implant Body for Transitional Prosthesis: Endosteal Implant				
D6040	Surgical Placement: Eposteal Implant				
D6050	Surgical Placement: Transosteal Implant				
D6100	Implant Removal, By Report				
D6101	Debridement of a periimplant defect and surface cleaning of exposed implant surfaces, including flap entry and closure				
D6102	Ddebridement of osseous contouring of a periimplant defect; includes surface cleaning of exposed implant surfaces and flap entry and closure				
D6103	Bone graft for repair of periimplant defect-not including flap entry and closure or, when indicated, placement of a barrier membrane or biologic materials to aid in osseous regeneration				
D6104	Bone graft at time of implant placement				
<u>Implant Supported Prosthetics</u>					
<u>Supporting Structures</u>					
D6051	Interim abutment				
D6055	Connecting Bar - Implant Supported or Abutment Supported				
D6056	Prefabricated Abutment - Includes Placement				
D6057	Custom Abutment - Includes Placement				
<u>Implant/Abutment Supported Removable Dentures</u>					
D6053	Implant/Abutment Supported Removable Denture for Completely Edentulous Arch				
D6054	Implant/Abutment Supported Removable Denture for Partially Edentulous Arch				
<u>Implant/Abutment Supported Fixed Dentures (Hybrid Prosthesis)</u>					

**City of Fort Lauderdale
DHMO Copay Comparison**

**Proposer's
Name**

CDT Code	Benefit	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here
D6078	Implant/Abutment Supported Fixed Denture for Completely Edentulous Arch				
D6079	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch				
Single Crowns, Abutment Supported					
D6058	Abutment Supported Porcelain/Ceramic Crown				
D6059	Abutment Supported Porcelain Fused to Metal Crown (High Noble Metal)				
D6060	Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal)				
D6061	Abutment Supported Porcelain Fused to Metal Crown (Noble Metal)				
D6062	Abutment Supported Cast Metal Crown (High Noble Metal)				
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)				
D6064	Abutment Supported Cast Metal Crown (Noble Metal)				
D6094	Abutment Supported Crown - (Titanium)				
Single Crowns, Implant Supported					
D6065	Implant Supported Porcelain/Ceramic Crown				
D6066	Implant Supported Porcelain Fused to Metal Crown (Titanium, Titanium Alloy, or High Noble Metal)				
D6067	Implant Supported Metal Crown (Titanium, Titanium Alloy, or High Noble Metal)				
Fixed Partial Denture, Abutment Supported					
D6068	Abutment Supported Retainer for Porcelain/Ceramic FPD				
D6069	Abutment Supported Retainer for Porcelain Fused to Metal FPD (High Noble Metal)				
D6070	Abutment Supported Retainer for Porcelain Fused to Metal FPD (Predominantly Base Metal)				
D6071	Abutment Supported Retainer for Porcelain Fused to Metal FPD (Noble Metal)				
D6072	Abutment Supported Retainer for Cast Metal FPD (High Noble Metal)				
D6073	Abutment Supported Retainer for Cast Metal FPD (Predominantly Base Metal)				
D6074	Abutment Supported Retainer for Cast Metal FPD (Noble Metal)				
D6194	Abutment Supported Retainer Crown for FPD- (Titanium)				
Fixed Partial Denture, Implant Supported					
D6075	Implant Supported Retainer for Ceramic FPD				

**City of Fort Lauderdale
DHMO Copay Comparison**

**Proposer's
Name**

CDT Code	Benefit	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here
D6076	Implant Supported Retainer for Porcelain Fused to Metal FPD (Titanium, Titanium Alloy, or High Noble Metal)				
D6077	Implant Supported Retainer for Cast Metal FPD (Titanium, Titanium Alloy, or High Noble Metal)				
Other Implant Services					
D6080	Implant Maintenance Procedures, Including Removal of Prosthesis, Cleansing of Prosthesis and Abutments and Reinsertion of Prosthesis				
D6090	Repair Implant Supported Prosthesis, By Report				
D6095	Repair Implant Abutment, By Report				
D6091	Replacement of Semi-Precision or Precision Attachment (Male or Female Component) of Implant/Abutment Supported Prosthesis, Per Attachment				
D6092	Recement Implant/Abutment Supported Crown				
D6093	Recement Implant/Abutment Supported Fixed Partial Denture				
D6199	Unspecified Implant Procedure, By Report				
<u>Prosthodontics, Fixed</u>					
Fixed Partial Denture Pontics					
D6205	Pontic - Indirect Resin Based Composite				
D6210	Pontic - Cast High Noble Metal				
D6211	Pontic - Cast Predominantly Base Metal				
D6212	Pontic - Cast Noble Metal				
D6214	Pontic - Titanium				
D6240	Pontic - Porcelain Fused to High Noble Metal				
D6241	Pontic - Porcelain Fused to Predominantly Base Metal				
D6242	Pontic - Porcelain Fused to Noble Metal				
D6245	Pontic - Porcelain/Ceramic				
D6250	Pontic - Resin with High Noble Metal				
D6251	Pontic - Resin with Predominantly Base Metal				
D6252	Pontic - Resin with Noble Metal				
D6253	Provisional Pontic				
D6254	Interim Pontic				
Fixed Partial Denture Retainers - Inlays/Onlays					
D6545	Retainer - Cast Metal for Resin Bonded Fixed Prosthesis				
D6548	Retainer - Porcelain/Ceramic for Resin Bonded Fixed Prosthesis				
D6600	Inlay - Porcelain/Ceramic - Two Surfaces				
D6601	Inlay - Porcelain/Ceramic - Three or More Surfaces				

**City of Fort Lauderdale
DHMO Copay Comparison**

**Proposer's
Name**

CDT Code	Benefit	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here
D6602	Inlay - Cast High Noble Metal, Two Surfaces				
D6603	Inlay - Cast High Noble Metal, Three or More Surfaces				
D6604	Inlay - Cast Predominantly Base Metal, Two Surfaces				
D6605	Inlay - Cast Predominantly Base Metal, Three or More Surfaces				
D6606	Inlay - Cast Noble Metal, Two Surfaces				
D6607	Inlay - Cast Noble Metal, Three or More Surfaces				
D6624	Inlay - Titanium				
D6608	Onlay - Porcelain/Ceramic - Two Surfaces				
D6609	Onlay - Porcelain/Ceramic - Three or More Surfaces				
D6610	Onlay - Cast High Noble Metal, Two Surfaces				
D6611	Onlay - Cast High Noble Metal, Three or More Surfaces				
D6612	Onlay - Cast Predominantly Base Metal, Two Surfaces				
D6613	Onlay - Cast Predominantly Base Metal, Three or More Surfaces				
D6614	Onlay - Cast Noble Metal, Two Surfaces				
D6615	Onlay - Cast Noble Metal, Three or More Surfaces				
D6634	Onlay - Titanium				
Fixed Partial Denture Retainers - Crowns					
D6710	Crown - Indirect Resin Based Composite				
D6720	Crown - Resin with High Noble Metal				
D6721	Crown - Resin with Predominantly Base Metal				
D6722	Crown - Resin with Noble Metal				
D6740	Crown - Porcelain/Ceramic				
D6750	Crown - Porcelain Fused to High Noble Metal				
D6751	Crown - Porcelain Fused to Predominantly Base Metal				
D6752	Crown - Porcelain Fused to Noble Metal				
D6780	Crown - 3/4 Cast High Noble Metal				
D6781	Crown - 3/4 Cast Predominantly Base Metal				
D6782	Crown - 3/4 Cast Noble Metal				
D6783	Crown - 3/4 Porcelain/Ceramic				
D6790	Crown - Full Cast High Noble Metal				
D6791	Crown - Full Cast Predominantly Base Metal				
D6792	Crown - Full Cast Noble Metal				
D6794	Crown - Titanium				
D6793	Provisional Retainer Crown				
D6795	Interim Retainer Crown				
Other Fixed Partial Denture Services					

**City of Fort Lauderdale
DHMO Copay Comparison**

**Proposer's
Name**

CDT Code	Benefit	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here
D6920	Connector Bar				
D6930	Recement Fixed Partial Denture				
D6940	Stress Breaker				
D6950	Precision Attachment				
D6970	Cast Post and Core In Addition to Fixed Partial Denture Retainer, Indirectly Fabricated				
D6972	Prefabricated Post and Core In Addition to Fixed Partial Denture Retainer				
D6973	Core Buildup for Retainer, Including Any Pins				
D6975	Coping - Metal				
D6976	Each Additional Indirectly Fabricated Post - Same Tooth				
D6977	Each Additional Prefabricated Post - Same Tooth				
D6980	Fixed Partial Denture Repair By Report				
D6985	Pediatric Partial Denture, Fixed				
D6999	Unspecified Fixed Prosthodontic Procedure, By Report				
<u>Oral and Maxillofacial Surgery</u>					
Extractions					
D7111	Extraction of Coronal Remnants - Deciduous Tooth				
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)				
Surgical Extractions					
D7210	Surgical Removal of Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated				
D7220	Removal of Impacted Tooth - Soft Tissue				
D7230	Removal of Impacted Tooth - Partially Bony				
D7240	Removal of Impacted Tooth - Completely Bony				
D7241	Removal of Impacted Tooth - Completely Bony, with Unusual Surgical Complications				
D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)				
D7251	Coronectomy - Intentional Partial Tooth Removal				
Other Surgical Procedures					
D7260	Oroantral Fistula Closure				
D7261	Primary Closure of a Sinus Perforation				
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth				

**City of Fort Lauderdale
DHMO Copay Comparison**

**Proposer's
Name**

CDT Code	Benefit	<i>Enter DHMO Plan Name Here</i>	<i>Enter DHMO Plan Name Here</i>	<i>Enter DHMO Plan Name Here</i>	<i>Enter DHMO Plan Name Here</i>
D7272	Tooth Transplantation (Includes Reimplantation from One Site to Another and Splinting and/or Stabilization)				
D7280	Surgical Access of an Unerrupted Tooth				
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption				
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth				
D7285	Biopsy of Oral Tissue - Hard (Bone, Tooth)				
D7286	Biopsy of Oral Tissue - Soft				
D7287	Exfoliative Cytological Sample Collection				
D7288	Brush Biopsy - Transepithelial Sample Collection				
D7290	Surgical Repositioning of Teeth				
D7291	Transseptal Fiberotomy/Supra Crestal Fiberotomy, By Report				
D7292	Surgical Placement; Temporary Anchorage Device (Screw Retained Plate) Requiring Surgical Flap				
D7293	Surgical Placement; Temporary Anchorage Device Requiring Surgical Flap				
D7294	Surgical Placement; Temporary Anchorage Device without Surgical Flap				
D7295	Harvest of Bone For Use In Autogenous Grafting Procedure				
Alveoloplasty - Surgical Preparation of Ridge for Dentures					
D7310	Alveoloplasty in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant				
D7311	Alveoloplasty in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quadrant				
D7320	Alveoloplasty not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant				
D7321	Alveoloplasty not in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quadrant				
Vestibuloplasty					
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)				
D7350	Vestibuloplasty - Ridge Extension (Including Soft Tissue Grafts, Muscle Reattachment, etc.)				
Surgical Excision of Soft Tissue Lesions					
D7410	Excision of Benign Lesion Up to 1.25 cm				
D7411	Excision of Benign Lesion Greater than 1.25 cm				
D7412	Excision of Benign Lesion, Complicated				
D7413	Excision of Malignant Lesion Up to 1.25 cm				
D7414	Excision of Malignant Lesion Greater than 1.25 cm				

**City of Fort Lauderdale
DHMO Copay Comparison**

**Proposer's
Name**

CDT Code	Benefit	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here
D7415	Excision of Malignant Lesion, Complicated				
D7465	Destruction of Lesion(s) By Physical or Chemical Method, By Report				
Surgical Excision of Intra-Osseous Lesions					
D7440	Excision of Malignant Tumor - Lesion Diameter Up to 1.25 cm				
D7441	Excision of Malignant Tumor - Lesion Diameter Greater than 1.25 cm				
D7450	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm				
D7451	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Greater than 1.25 cm				
D7460	Removal of Benign Nonodontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 cm				
D7461	Removal of Benign Nonodontogenic Cyst or Tumor - Lesion Diameter Greater than 1.25 cm				
Excision of Bone Tissue					
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)				
D7472	Removal of Torus Palatinus				
D7473	Removal of Torus Mandibularis				
D7485	Surgical Reduction of Osseous Tuberosity				
D7490	Radical Resection of Maxilla or Mandible				
Surgical Incision					
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue				
D7511	Incision and Drainage of Abscess - Intraoral Soft Tissue - Complicated (Includes Drainage of Multiple Fascial Spaces)				
D7520	Incision and Drainage of Abscess - Extraoral Soft Tissue				
D7521	Incision and Drainage of Abscess - Extraoral Soft Tissue Complicated (Includes Drainage of Multiple Fascial Spaces)				
D7530	Removal of Foreign Body from Mucosa, Skin, or Subcutaneous Alveolar Tissue				
D7540	Removal of Reaction Producing Foreign Bodies, Musculoskeletal System				
D7550	Partial Osteotomy/Sequestrectomy for Removal of Non-vital Bone				
D7560	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body				
Treatment of Fractures - Simple					
D7610	Maxilla - Open Reduction (Teeth Immobilized, if Present)				
D7620	Maxilla - Closed Reduction (Teeth Immobilized, if Present)				
D7630	Mandible - Open Reduction (Teeth Immobilized, if Present)				
D7640	Mandible - Closed Reduction (Teeth Immobilized, if Present)				

**City of Fort Lauderdale
DHMO Copay Comparison**

**Proposer's
Name**

CDT Code	Benefit	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here
D7650	Malar and/or Zygomatic Arch - Open Reduction				
D7660	Malar and/or Zygomatic Arch - Closed Reduction				
D7670	Alveolus - Closed Reduction, May Include Stabilization of Teeth				
D7671	Alveolus - Open Reduction, May Include Stabilization of Teeth				
D7680	Facial Bones - Complicated Reduction with Fixation and Multiple Surgical Approaches				
Treatment of Fractures - Compound					
D7710	Maxilla - Open Reduction				
D7720	Maxilla - Closed Reduction				
D7730	Mandible - Open Reduction				
D7740	Mandible - Closed Reduction				
D7750	Malar and/or Zygomatic Arch - Open Reduction				
D7760	Malar and/or Zygomatic Arch - Closed Reduction				
D7770	Alveolus - Open Reduction Stabilization of Teeth				
D7771	Alveolus - Closed Reduction Stabilization of Teeth				
D7780	Facial Bones - Complicated Reduction with Fixation and Multiple Surgical Approaches				
Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions					
D7810	Open Reduction of Dislocation				
D7820	Closed Reduction of Dislocation				
D7830	Manipulation under Anesthesia				
D7840	Condylectomy				
D7850	Surgical Discectomy, with/without Implant				
D7852	Disc Repair				
D7854	Synovectomy				
D7856	Myotomy				
D7858	Joint Reconstruction				
D7860	Arthrotomy				
D7865	Arthroplasty				
D7870	Arthrocentesis				
D7871	Non-arthroscopic Lysis and Lavage				
D7872	Arthroscopy - Diagnosis, with or without Biopsy				
D7873	Arthroscopy - Surgical: Lavage and Lysis of Adhesions				
D7874	Arthroscopy - Surgical: Disc Repositioning and Stabilization				
D7875	Arthroscopy - Surgical: Synovectomy				
D7876	Arthroscopy - Surgical: Discectomy				

**City of Fort Lauderdale
DHMO Copay Comparison**

**Proposer's
Name**

CDT Code	Benefit	<i>Enter DHMO Plan Name Here</i>	<i>Enter DHMO Plan Name Here</i>	<i>Enter DHMO Plan Name Here</i>	<i>Enter DHMO Plan Name Here</i>
D7877	Arthroscopy - Surgical: Debridement				
D7880	Occlusal Orthotic Device, By Report				
D7899	Unspecified TMD Therapy By Report				
Repair of Traumatic Wounds					
D7910	Suture of Recent Small Wounds up to 5 cm				
Complicated Suturing					
D7911	Complicated Suture - Up to 5 cm				
D7912	Complicated Suture - Greater than 5 cm				
Other Repair Procedures					
D7920	Skin Graft (Identify Defect Covered, Location and Type of Graft)				
D7921	Collection and application of autologous blood concentrate product				
D7940	Osteoplasty - For Orthognathic Deformities				
D7941	Osteotomy - Mandibular Rami				
D7943	Osteotomy - Mandibular Rami with Bone Graft; Includes Obtaining the Graft				
D7944	Osteotomy - Segmented or Subapical				
D7945	Osteotomy - Body of Mandible				
D7946	LeFort I (Maxilla - Total)				
D7947	LeFort I (Maxilla - Segmented)				
D7948	LeFort II or LeFort III - without Bone Graft				
D7949	LeFort II or LeFort III - with Bone Graft				
D7950	Osseous, Osteoperiosteal, or Cartilage Graft of the Mandible or Maxilla - Autogenous or Nonautogenous, By Report				
D7951	Sinus Augmentation with Bone or Bone Substitutes				
D7952	Sinus augmentation via a vertical approach				
D7953	Bone Replacement Graft for Ridge Preservation - Per Site				
D7955	Repair of Maxillofacial Soft and/or Hard Tissue Defect				
D7960	Frenulectomy (Frenectomy or Frenotomy) - Separate procedure				
D7963	Frenuloplasty				
D7970	Excision of Hyperplastic Tissue -Per Arch				
D7971	Excision of Pericoronal Gingival				
D7972	Surgical Reduction of Fibrous Tuberosity				
D7980	Sialolithotomy				
D7981	Excision of Salivary Gland, By Report				
D7982	Sialodochoplasty				
D7983	Closure of Salivary Fistula				

**City of Fort Lauderdale
DHMO Copay Comparison**

**Proposer's
Name**

CDT Code	Benefit	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here	Enter DHMO Plan Name Here
D7990	Emergency Tracheotomy				
D7991	Coronoidectomy				
D7995	Synthetic Graft - Mandible or Facial Bones, By Report				
D7996	Implant - Mandible for Augmentation Purposes (Excluding Alveolar Ridge), By Report				
D7997	Appliance Removal (Not by Dentist who Placed Appliance), Includes Removal of Archbar				
D7998	Intraoral Placement of a Fixation Device not in Conjunction with a Fracture				
D7999	Unspecified Oral Surgery Procedure, By Report				
Orthodontics					
Limited Orthodontic Treatment					
D8010	Limited Orthodontic Treatment of the Primary Dentition				
D8020	Limited Orthodontic Treatment of the Transition Dentition				
D8030	Limited Orthodontic Treatment of the Adolescent Dentition				
D8040	Limited Orthodontic Treatment of the Adult Dentition				
Interceptive Orthodontic Treatment					
D8050	Interceptive Orthodontic Treatment of the Primary Dentition				
D8060	Interceptive Orthodontic Treatment of the Transitional Dentition				
Comprehensive Orthodontic					
D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition				
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition				
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition				
Minor Treatment to Control Harmful Habits					
D8210	Removable Appliance Therapy				
D8220	Fixed Appliance Therapy				
Other Orthodontic Services					
D8660	Pre-Orthodontic Treatment Visit				
D8670	Periodic Orthodontic Treatment Visit (As Part of Contract)				
	Children (Up to 19th Birthday):				
	24 Month Treatment Fee				
	Charge Per Month for 24 Months				
	Adults:				
	24 Month Treatment Fee				
	Charge Per Month for 24 Months				
	Ortho Visits Beyond 24 Months of Active Treatment or Retention				

**City of Fort Lauderdale
DHMO Copay Comparison**

**Proposer's
Name**

CDT Code	Benefit	<i>Enter DHMO Plan Name Here</i>	<i>Enter DHMO Plan Name Here</i>	<i>Enter DHMO Plan Name Here</i>	<i>Enter DHMO Plan Name Here</i>
D8680	Orthodontic Retention (Removal of Appliances, Construction and Placement of Retainer (s))				
D8690	Orthodontic Treatment (Alternative Billing to a Contract Fee)				
D8691	Repair of Orthodontic Appliance				
D8692	Replacement of Lost or Broken Retainer				
D8693	Rebonding or Recementing; and/or Repair, as Required, of Fixed Retainers				
D8999	Unspecified Orthodontic Procedure, By Report				
<u>Adjunctive General Services</u>					
<u>Unclassified Treatment</u>					
D9110	Palliative (Emergency) Treatment of Dental Pain - Minor Procedure				
D9120	Fixed Partial Denture Sectioning				
<u>Anesthesia</u>					
D9210	Local Anesthesia Not in Conjunction with Operative or Surgical Procedures				
D9211	Regional Block Anesthesia				
D9212	Trigeminal Division Block Anesthesia				
D9215	Local Anesthesia in Conjunction With Operative or Surgical Procedures				
D9220	Deep Sedation/General Anesthesia - First 30 Minutes				
D9221	Deep Sedation/General Anesthesia - Each Additional 15 Minutes				
D9230	Inhalation of Nitrous Oxide/anxiolysis, analgesia				
D9241	Intravenous Conscious Sedation/Analgesia - First 30 Minutes				
D9242	Intravenous Conscious Sedation/Analgesia - Each Additional 15 Minutes				
D9248	Non-intravenous Conscious Sedation				
<u>Professional Consultation</u>					
D9310	Consultation - Diagnostic Service Provided by Dentist or Physician other than Requesting Dentist or Physician				
<u>Professional Visits</u>					
D9410	House/Extended Care Facility Call				
D9420	Hospital or Ambulatory Surgical Center Call				
D9430	Office Visit for Observation (During Regularly Scheduled Hours) - No other Services Performed				
D9440	Office Visit - After Regularly Scheduled Hours				
D9450	Case Presentation, Detailed and Extensive Treatment Planning				
	Broken Appointment without 24 hour notice - Per 15 Minutes				

**City of Fort Lauderdale
DHMO Copay Comparison**

**Proposer's
Name**

CDT Code	Benefit	<i>Enter DHMO Plan Name Here</i>	<i>Enter DHMO Plan Name Here</i>	<i>Enter DHMO Plan Name Here</i>	<i>Enter DHMO Plan Name Here</i>
Drugs					
D9610	Therapeutic Parenteral Drug, Single Administration				
D9612	Therapeutic Parenteral Drugs, Two or More Administrations, Different Medications				
D9630	Other Drugs and/or Medicaments, By Report				
Miscellaneous Services					
D9910	Application of Desensitizing Medicament				
D9911	Application of Desensitizing Resin for Cervical and/or Root Surface, Per Tooth				
D9920	Behavior Management, By Report				
D9930	Treatment of Complications (Post-surgical) - Unusual Circumstances, By Report				
D9940	Occlusal Guard, By Report				
D9941	Fabrication of Athletic Mouthguard				
D9942	Repair and/or Reline of Occlusal Guard				
D9950	Occlusion Analysis - Mounted Case				
D9951	Occlusal Adjustment - Limited				
D9952	Occlusal Adjustment - Complete				
D9970	Enamel Micro abrasion				
D9971	Odontoplasty 1-2 Teeth; Includes Removal of Enamel Projections				
D9972	External Bleaching, Per Arch				
D9973	External Bleaching, Per Tooth				
D9974	Internal Bleaching, Per Tooth				
D9975	External bleaching for home application, per arch; includes materials and fabricaiton of custom trays				
D9999	Unspecified Adjunctive Procedure, By Report				

Additional lab and metal charges may apply for procedures in italics.

ACCOUNT SETUP REFERENCE SHEET - METAVANCE

City of Fort Lauderdale

Bid 575-11928

Group Name: CITY OF FORT LAUDERDALEAs of Date: 1/1/2017Market Name: FL-SOUTHFLA

BILLING Information		ENROLLMENT Information							
Group Number	Division Number	Product	Product Description	Package ID	Rate Package ID	Network	Division Description	ID Card Format	Life Class Code
573978	57397801	DPO	CITY OF FORT LAUDERDALE PPO 116166 PEB AM1500, ACORTH	CR3VCFL1	OA66	HDPPOTRPPREF	TEAMSTERS		
		DHM	FL VOL DHMO/PD HS195 OR IMP	FL3V0735	M41P	HS195/DHMO			
	57397802	DPO	CITY OF FORT LAUDERDALE PPO 116166 PEB AM1500, ACORTH	CR3ECFL1	OA12	HDPPOTRPPREF	MGT/PROF		
		DHM	FL EMP DHMO/PD HS195 OR IMP	FL3E1089	M41R	HS195/DHMO			
	57397803	DPO	CITY OF FORT LAUDERDALE PPO 116166 PEB AM1500, ACORTH	CR3ECFL1	OA12	HDPPOTRPPREF	CONFIDENTIAL		
		DHM	FL EMP DHMO/PD HS195 OR IMP	FL3E1089	M41R	HS195/DHMO			
	57397805	DPO	CITY OF FORT LAUDERDALE PPO 116166 PEB AM1500, ACORTH	CR3ECFL1	OA12	HDPPOTRPPREF	COBRA		
		DHM	FL EMP DHMO/PD HS195 OR IMP	FL3E1089	M41R	HS195/DHMO			
	57397806	DPO	CITY OF FORT LAUDERDALE PPO 116166 PEB AM1500, ACORTH	CR3VCFL1	OA66	HDPPOTRPPREF	RETIRES		
		DHM	FL VOL DHMO/PD HS195 OR IMP	FL3V0735	M41P	HS195/DHMO			
	57397807	DPO	CITY OF FORT LAUDERDALE PPO 116166 PEB AM1500, ACORTH	CR3VCFL1	OA66	HDPPOTRPPREF	COBRA TEAMSTERS		
		DHM	FL VOL DHMO/PD HS195 OR IMP	FL3V0735	M41P	HS195/DHMO			
	57397808	DTP	CFLF TRP 185 PEB, D100, AM1500, ACORT1500, WVD	CR3ECFL3	O910	HDPPOTRPPREF	FIREFIGHTERS		
	57397809	DTP	CFLF TRP 185 PEB, D100, AM1500, ACORT1500, WVD	CR3ECFL3	O910	HDPPOTRPPREF	FIREFIGHTERS RETIRESS		
	57397810	DTP	CFLF TRP 185 PEB, D100, AM1500, ACORT1500, WVD	CR3ECFL3	O910	HDPPOTRPPREF	FIREFIGHTERS COBRA		

**City of Fort Lauderdale
Top 250 DPPO Providers
Claims Paid 1/1/2016 - 12/31/2016**

Company Name: _____

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Rank	Federal Employer ID	Name	Address	City	State	Zip	In Network? Yes or No
1	461185149	Destefon, John J	30 NE 3rd St	Ft Lauderdale	FL	33301	
2	591389949	Rosenthal, Barry W	9200 NW 44th St	Sunrise	FL	33351	
3	202058007	Leibowitz, Jayson R	10080 NW 1st Ct	Plantation	FL	33324	
4	650341505	Moore, Keith E	901 S Federal Hwy Ste 301	Fort Lauderdale	FL	33316	
5	453626385	Young, Jared M	1930 Ne 34th Ct	Lighthouse Point	FL	33064	
6	592495753	Barr, Scott I	300 NW 70 Ave, #206	Plantation	FL	33317	
7	203791829	Robinson, Sharon R	6738 W Sunrise Blvd, Ste 105	Plantation	FL	33313	
8	650666819	Bartlett, Jeffrey C	2440 E Sunrise Blvd	Fort Lauderdale	FL	33304	
9	943420892	Horst, Nadja A	104 SE 1st St	Ft Lauderdale	FL	33301	
10	461919850	Douglass, Richard C	660 N State Road 7, Ste 12	Plantation	FL	33317	
11	461543139	Alexander, Allison	113 SW 11th Ct, Ste A	Ft Lauderdale	FL	33315	
12	412220291	Giraldo, Andrea	114 SW 10th St	Fort Lauderdale	FL	33315	
13	591541047	Bennett, James G	1023 Atlantic Blvd	Atlantic Beach	FL	32233	
14	223703976	Mankame, Dipak M	300 NW 70th Ave, Ste 109	Plantation	FL	33317	
15	650985810	Yang, James T	10189 Cleary Blvd, Ste 201	Plantation	FL	33324	
16	421650718	Stanton, Robert B	1776 N Pine Island Rd, Ste 300	Plantation	FL	33322	
17	650700287	George, Ronald A	4100 S Hospital Dr, Ste 107	Plantation	FL	33317	
18	208195969	Polasky, Dawn L	6231 N Federal Hwy, Ste 109	Ft Lauderdale	FL	33308	
19	271200319	Riley, Marilyn P	3909 N Andrews Ave	Oakland Park	FL	33309	
20	591425149	Wilentz, Abby T	7400 NW 5th St	Plantation	FL	33317	
21	592208015	Zenga, William T	2500 N University Dr, Ste 9	Sunrise	FL	33322	
22	760741305	Johnson Leong, Charmaine	2717 E Oakland Park Blvd Ste 1	Fort Lauderdale	FL	33306	
23	200185918	Lane, Thomas R	1831 NE 45th St, Suite B	Fort Lauderdale	FL	33308	
24	271835567	Toral, Armando	4811 Hollywood Blvd, Ste A	Hollywood	FL	33021	
25	900723233	Benedetti, Ana P	1535 Sunset Dr	Coral Gables	FL	33143	

**City of Fort Lauderdale
Top 250 DPPO Providers
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Rank	Federal Employer ID	Name	Address	City	State	Zip	In Network? Yes or No
26	264305407	Tendler, Minelle M	199 W Palmetto Park Rd, Ste D	Boca Raton	FL	33432	
27	550881045	Freeman, Christopher S	8200 W Sunrise Blvd, Suite B-3	Plantation	FL	33322	
28	471820802	Rieger, Eric R	1200 Yamato Rd, Ste A4	Boca Raton	FL	33431	
29	202058007	Palenzuela, Mary A	10080 NW 1st Ct	Plantation	FL	33324	
30	650089306	Berger, Joel S	1890 N University Dr, Ste 210	Coral Springs	FL	33071	
31	202058007	Herbert, Brent	10080 NW 1st Ct	Plantation	FL	33324	
32	460771294	Naierman, Eric H	3333 Sheridan St	Hollywood	FL	33021	
33	650019957	Blitman, Robert	8430 W Broward Blvd, Ste 100	Plantation	FL	33324	
34	650075019	Boukzam, Mark A	4048 W Hillsboro Blvd	Deerfield Beach	FL	33442	
35	650969035	Canizales, Jacqueline	10640 Griffin Rd, Ste 107	Davie	FL	33328	
36	471526151	Berley, Joel A	7110 Southgate Blvd	Margate	FL	33068	
37	650746314	Hernandez, Peter M	10051 Pines Blvd Ste C	Pembroke Pines	FL	33024	
38	651100498	Mccawley, Daniel W	1625 E Las Olas Blvd	Fort Lauderdale	FL	33301	
39	471755265	Sherman, Richard L	2249 N University Dr	Pembroke Pines	FL	33024	
40	203141319	Kerns, James M	2991 Myrtle Oak Cir	Davie	FL	33328	
41	452816684	Martin, Sidney S	660 N State Road 7, Ste 12	Plantation	FL	33317	
42	650000707	Chencin, Josef	3015 Bayview Dr, Ste D	Fort Lauderdale	FL	33306	
43	650461148	Zakko, Dalal	2826 E Oakland Park Blvd, Ste 300	Fort Lauderdale	FL	33306	
44	260849265	Hernandez, Roland A	1625 SE 3rd Avenue, Suite 802	Ft Lauderdale	FL	33316	
45	204587282	Dixon, Scott E	1620 SE 4th Ave	Ft Lauderdale	FL	33316	
46	275197554	Joh, Julia H	4301 N Federal Hwy, Ste 5	Pompano Beach	FL	33064	
47	043589759	Castillo, Pedro L	1300 N Federal Hwy, Suite 1	Lake Worth	FL	33460	
48	611734577	Bates, Barbara A	1096 W Indiantown Rd, Ste 200	Jupiter	FL	33458	
49	650914866	Fredrick, Jason W	10156 W Indiantown Rd	Jupiter	FL	33478	
50	591425149	Lustman, Craig	809 State Route 208	Monroe	NY	10950	

**City of Fort Lauderdale
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Rank	Federal Employer ID	Name	Address	City	State	Zip	In Network? Yes or No
51	650980524	Jones, Ian C	6300 W Atlantic Blvd	Margate	FL	33063	
52	461543139	Arocha, Arianny	113 SW 11th Ct Ste A	Fort Lauderdale	FL	33315	
53	592603212	Heinsen, Gretchen	2480 E Commercial Blvd, Ste 2	Fort Lauderdale	FL	33308	
54	592681987	Barnard, Michael R	1209 W Broward Blvd	Ft Lauderdale	FL	33312	
55	471755265	Templeton, Patricia G	2249 N University Dr	Pembroke Pines	FL	33024	
56	650631864	Rozen, Henry	9154 Wiles Rd	Coral Springs	FL	33067	
57	650863385	Colella, Candace R	4690 N State Rd 7 Ste 201	Coconut Creek	FL	33073	
58	161685076	Mazzei, Leanne	9387 W Sample Rd	Coral Springs	FL	33065	
59	592397569	Scharf, Blair	2801 N University Dr, Suite 101	Coral Springs	FL	33065	
60	592211352	Behn, Jack W	8200 W Sunrise Blvd, Ste A1	Plantation	FL	33322	
61	134205825	Khakhria, Milan L	104 NW 100th Ave	Plantation	FL	33324	
62	650161743	Bracco, Brent J	2467 E Commercial Blvd	Fort Lauderdale	FL	33308	
63	650947659	Simon, David G	10115 Forest Hill Blvd Ste 301	Wellington	FL	33414	
64	205407398	Chen, Timothy P	12741 Miramar Pkwy, Ste 203	Miramar	FL	33027	
65	650246176	Spector, Lawrence A	9132 Wiles Rd	Coral Springs	FL	33067	
66	900723233	Benedetti, Ana P	1535 Sunset Dr	Coral Gables	FL	33143	
67	592661313	Schloss, Christopher M	2916 Bayview Dr	Fort Lauderdale	FL	33306	
68	271499087	Forum, Richard B	320 SE 18th St	Fort Lauderdale	FL	33316	
69	261365336	Shelling, Robert	19615 State Road 7, Ste 33	Boca Raton	FL	33498	
70	453626385	Young, Catherine R	1930 NE 34th Ct	Lighthouse Point	FL	33064	
71	651147593	Listopad, Howard D	10161 W Sample Rd, Ste A	Coral Springs	FL	33065	
72	010574562	Jarrett, Brent J	7312 W Atlantic Blvd	Margate	FL	33063	
73	753136614	Maye, Frank J	19615 33 S State Rd 7	Boca Raton	FL	33498	
74	650401664	Weiner, Seymour	8200 W Sunrise Blvd, Ste B2	Plantation	FL	33322	
75	591928451	Wiener, B H	800 E Broward Blvd, Ste 305	Ft Lauderdale	FL	33301	

**City of Fort Lauderdale
Top 250 DPPO Providers
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Rank	Federal Employer ID	Name	Address	City	State	Zip	In Network? Yes or No
76	203987895	Malpica, Omar A	14201 W Sunrise Blvd Ste 106	Sunrise	FL	33323	
77	611734577	Bates, Barbara A	1096 W Indiantown Rd, Ste 200	Jupiter	FL	33458	
78	591425149	Trupkin, Denis P	7400 NW 5th St	Plantation	FL	33317	
79	461185149	Cook, Jonathan H	30 Ne 3Rd St	Ft Lauderdale	FL	33301	
80	112596095	Jaeger, Michael E	12012 S Shore Blvd, Ste 101	Wellington	FL	33414	
81	650937178	Fong, Ian S	1900 N University Dr, Ste 201	Pembroke Pines	FL	33024	
82	650766393	Rosenberg, Steven A	7500 NW 5th St, Ste 115	Plantation	FL	33317	
83	463189195	Hernandez Rivera, Ricardo N	522 E 25Th St	Hialeah	FL	33013	
84	452733082	Bouchard Lavenka, Cynthia R	14771 Biscayne Blvd	North Miami	FL	33181	
85	272813237	Rubenstein, Evan	2151 NW 2nd Ave, Ste 102	Boca Raton	FL	33431	
86	650807157	Douglas, Easton	2609 W Oakland Park Blvd	Fort Lauderdale	FL	33311	
87	452382491	Olivera, Marisabel	4800 NE 20th Ter, Ste 301S	Ft Lauderdale	FL	33308	
88	043683245	Ferrer, Deborah A	1500 E Broward Blvd	Ft Lauderdale	FL	33301	
89	650456698	Graff, Brad W	3107 Stirling Rd, Ste 108	Ft Lauderdale	FL	33312	
90	261147142	Ginzler, Bradley M	12651 W Sunrise Blvd, Ste 204	Sunrise	FL	33323	
91	592550069	Mandell, Charles S	3220 Stirling Rd	Hollywood	FL	33021	
92	592343174	Llera, Julio A	2607 Davie Blvd	Fort Lauderdale	FL	33312	
93	760706979	Giol, Victor J	2474 SE Federal Hwy	Stuart	FL	34994	
94	592427954	Russo, Charles D	2801 N University Dr, Ste 102	Coral Springs	FL	33065	
95	208577828	Urrea Feldsberg, Helena	12301 Taft St Ste 300	Pembroke Pines	FL	33026	
96	651025280	Gomez, Luis F	4651 N State Road 7, Ste 4	Coconut Creek	FL	33073	
97	412132420	Warner, David K	1946 Wilton Dr	Wilton Manors	FL	33305	
98	454014601	Miresmaili, Mandana	3035 E Commercial Blvd	Fort Lauderdale	FL	33308	
99	592229420	Lipson, Frank D	333 NW 70th Ave, Ste 104	Plantation	FL	33317	
100	300012213	Quesada, Robert E	1500 E Broward Blvd	Fort Lauderdale	FL	33301	

**City of Fort Lauderdale
Top 250 DPPO Providers
Claims Paid 1/1/2016 - 12/31/2016**

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Rank	Federal Employer ID	Name	Address	City	State	Zip	In Network? Yes or No
101	263766926	Barbag, Adam C	9172 Glades Rd	Boca Raton	FL	33434	
102	591366609	Miller, Robert J	8903 Glades Rd Ste D6	Boca Raton	FL	33434	
103	264848166	Moore, Keith E	901 S Federal Hwy Ste 301	Fort Lauderdale	FL	33316	
104	272119748	Wagner, Robert M	1275 York Ave	New York	NY	10065	
105	273006462	Finkelstein, Heidi R	333 NW 70th Ave	Fort Lauderdale	FL	33317	
106	270812901	Caponera, Rinaldo	7420 NW 5th St, Ste 108	Plantation	FL	33317	
107	412139274	Schaumburg, Jennifer S	21150 Biscayne Blvd, Ste 401	Aventura	FL	33180	
108	591425149	Babyak, George R	7400 Nw 5th St	Plantation	FL	33317	
109	208445461	Shehadeh, Eyad	973 N Nob Hill Rd	Plantation	FL	33324	
110	650713391	Nudelberg, Michael E	550 SW 3rd St	Pompano Beach	FL	33060	
111	650792969	Montamarta, Francisco T	100 S Military Trl, Ste 4	Deerfield Beach	FL	33442	
112	591541047	Rothberg, Melanie R	5458 Town Center Rd, Ste 16	Boca Raton	FL	33486	
113	260829624	Briceno Crespi, Carmen	7615 SW 62nd Ave	South Miami	FL	33143	
114	473696720	Lepore, Krystina M	9109 Baymeadows Rd, Ste 1	Jacksonville	FL	32256	
115	264429924	Vultaggio, Francesco P	841 SE 8th Ave	Deerfield Bch	FL	33441	
116	650165775	Hosseini, Heather G	1040 Weston Rd, Ste 225	Weston	FL	33326	
117	464571377	Short, Steven T	5400 N Federal Hwy	Fort Lauderdale	FL	33308	
118	421598932	Roud, Taras	7015 Beracasa Way, Ste 101	Boca Raton	FL	33433	
119	650654799	Thomas, Christian M	3471 N Federal Hwy, Ste 501	Ft Lauderdale	FL	33306	
120	208036431	Marranzini Grosma, Maria G	4401 S Flamingo Rd, Ste 109	Davie	FL	33330	
121	651146878	Fuerst, Peter F	2706 N University Dr	Sunrise	FL	33322	
122	650184844	Marks, Lawrence H	5100 Hollywood Blvd Ste 2	Hollywood	FL	33021	
123	650717556	Feuer, Mitchell R	900 S Federal Hwy	Hollywood	FL	33020	
124	650688337	Simon, David S	7101 W McNab Rd, Ste 102	Tamarac	FL	33321	
125	010712049	Slatkoff, Joshua M	2151 NW Boca Raton Blvd, Ste 10	Boca Raton	FL	33431	

**City of Fort Lauderdale
Top 250 DPPO Providers
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Rank	Federal Employer ID	Name	Address	City	State	Zip	In Network? Yes or No
126	650668849	Wong, Albert G	300 NW 70th Ave, Suite 304	Plantation	FL	33317	
127	201577593	Scerbo, Peter M	6600 W 12th Ave	Hialeah	FL	33012	
128	542080841	Grandison, Nigel D	10117 Cleary Blvd	Plantation	FL	33324	
129	510446273	Najarian, Stephen	815 S University Dr, Ste 101	Plantation	FL	33324	
130	202996316	Bons, Brian K	1637 N Hiatus Rd	Pembroke Pines	FL	33026	
131	464401786	Garg, Arun K	700 N Hiatus Rd, Ste 102	Pembroke Pines	FL	33026	
132	462882102	Deture, Christopher N	1500 E Hillsboro Blvd	Deerfield Beach	FL	33441	
133	650132415	Blum, Michael R	648 NE 3rd Ave	Fort Lauderdale	FL	33304	
134	204399325	Smith, Austin F	10794 Pines Blvd, Ste 101	Pembroke Pines	FL	33026	
135	650787194	Taylor, Henderson P	3131 Inverrary Blvd W	Lauderhill	FL	33319	
136	263118748	Sainsbury, James W	2700 E Bay Dr, Ste 207	Largo	FL	33771	
137	464114693	Selmic, Nadezda	401 E Las Olas Blvd, Ste 140	Fort Lauderdale	FL	33301	
138	592756022	Fistel, Alan	7522 Wiles Rd, Ste 104	Coral Springs	FL	33067	
139	592724644	Mccauley, Mark C	3115 South Federal Highway	Delray Beach	FL	33483	
140	272813237	Gul, Yousaf A	4189 Southpoint Dr E	Jacksonville	FL	32216	
141	271509276	Taha, Ahmed A	1640 S Federal Hwy	Delray Beach	FL	33483	
142	275473032	Igualada Heine, Kristen N	8585 Sunset Dr, Ste 101	Miami	FL	33143	
143	582676964	Rosado, Itza M	12781 Miramar Pkwy, Ste 201	Miramar	FL	33027	
144	205614193	Benda, Natalia M	6361 N Andrews Ave	Fort Lauderdale	FL	33309	
145	270129674	Fox, Eric G	5551 N University Dr, Ste 203	Coral Springs	FL	33067	
146	650821596	Brady, Michael	4330 W Broward Blvd, Suit T	Plantation	FL	33317	
147	650975638	Garcia, Kathy	1019 S University Dr	Plantation	FL	33324	
148	591693658	Bussell, Alan J	6269 N University Dr	Tamarac	FL	33321	
149	650121690	Garcia, Juan M	1490 W 49th Pl, Ste 450	Hialeah	FL	33012	
150	113697263	Most, Douglas S	544 NW University Blvd, Ste 105	Port Saint Lucie	FL	34986	

**City of Fort Lauderdale
Top 250 DPPO Providers
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Rank	Federal Employer ID	Name	Address	City	State	Zip	In Network? Yes or No
151	030576797	Sorroza, Jennifer P	435 E Sheridan St	Dania	FL	33004	
152	463455311	Israel, Elie	305 E Altamonte Springs Dr, Ste 1020	Altamonte Springs	FL	32701	
153	650559387	Pyle, Stephen J	2239 N Commerce Pkwy, Suite 1	Weston	FL	33326	
154	650632466	Hernandez, Liliana J	4750 NW 7th St, Ste 10	Miami	FL	33126	
155	010718993	Nudel, Tatyana	7321 N State Road 7	Parkland	FL	33073	
156	650943768	Lichstrahl, Jared E	301 NW 84th Ave, Ste 203	Plantation	FL	33324	
157	261669042	Brilliant, Margo K	18851 NE 29th Ave, Ste 300	Aventura	FL	33180	
158	260353884	Cimand, Tami	7797 N University Dr, Ste 201	Tamarac	FL	33321	
159	650908498	Darojat, Zuhdiyah M	305 E Altamonte Springs Dr, Ste 1020	Altamonte Springs	FL	32701	
160	263394448	Hilali, Manal	10151 W Commercial Blvd	Sunrise	FL	33351	
161	208737121	Browne, Andrew M	9789 Glades Rd	Boca Raton	FL	33434	
162	465601000	Casas, Silvia B	951 NE 167th St, Ste 104	North Miami Beach	FL	33162	
163	650043559	Arenas, Jorge A	10271 Pines Blvd	Pembroke Pines	FL	33026	
164	650387750	Fedele, Mark W	500 NW Dixie Hwy South	Stuart	FL	34994	
165	651030631	Arnold, Patrick B	4800 NE 20th Ter, Ste 205	Ft Lauderdale	FL	33308	
166	591263751	Bluth, Barry A	4175 SW 64th Ave, Ste 103-104	Davie	FL	33314	
167	592582825	Kushner, Benn M	10031 Pines Blvd, Ste W101	Pembroke Pines	FL	33024	
168	593752296	Bender, Fara	6169 Jog Rd, Suite B-5	Lake Worth	FL	33467	
169	650976774	Ring, Christian D	1776 N Pine Island Rd, Ste 300	Plantation	FL	33322	
170	591944868	Parker, Stephen T	1003 N 35th Ave	Hollywood	FL	33021	
171	200185918	Plower, Katarzyna J	2275 20th St	Vero Beach	FL	32960	
172	260518079	Rezaie, Yeganeh	3801 Hollywood Blvd, Ste 225	Hollywood	FL	33021	
173	592459372	Spoont, E R	21301 Powerline Rd, Suite 208	Boca Raton	FL	33433	
174	391221409	Steinmetz, Mark J	W3132 Van Roy Rd	Appleton	WI	54915	
175	592051908	Rosenthal, Allen H	3836 N University Dr	Sunrise	FL	33351	

**City of Fort Lauderdale
Top 250 DPPO Providers
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176	453740998	Sevel, Dennis S	1350 SW 160th Ave	Weston	FL	33326	
177	650234930	Gittess, Laurie B	1625 N Commerce Pkwy, Ste 317	Weston	FL	33326	
178	562338791	Kawa, Larry B	20423 State Road 7, Ste F18	Boca Raton	FL	33498	
179	273533121	James, Kevin K	685 Royal Palm Beach Blvd, Ste 204	Royal Palm Beach	FL	33411	
180	650518576	Davis Iii, John M	19 NE 22nd Ave	Pompano Beach	FL	33062	
181	651081473	Neuls, Julia W	2633 E Commercial Blvd Ste B	Fort Lauderdale	FL	33308	
182	201677120	Shullman, Howard B	12634 Pines Blvd	Pembroke Pines	FL	33027	
183	592343174	Llera, Antonio J	2607 Davie Blvd	Fort Lauderdale	FL	33312	
184	048949574	Ghods, Shayan	9375 W Sample Rd	Coral Springs	FL	33065	
185	451484825	Friedland, Bryan J	4800 NE 20th Ter, Ste 215	Ft Lauderdale	FL	33308	
186	592530483	Ongley, B Linda	1945 N Pine Island Rd	Sunrise	FL	33322	
187	651021909	Romasan, Oana	1700 NE 26th St, Ste 1	Wilton Manors	FL	33305	
188	454337609	Bautista, Enrico S	1776 N Pine Island Rd, Ste 300	Plantation	FL	33322	
189	200185918	Rodriguez, Jorge A	11130 N Kendall Dr, Ste 202	Miami	FL	33176	
190	471565474	Fallah, Rouhollah	7100 W Commercial Blvd, Ste 108	Lauderhill	FL	33319	
191	454640768	Elliot, Jeffrey F	9600 W Sample Rd, Ste 504	Coral Springs	FL	33065	
192	471601631	Mingel, Marc A	6702 N University Dr	Tamarac	FL	33321	
193	901032331	Ochoa, Luis H	5740 Hollywood Blvd	Hollywood	FL	33021	
194	650601646	Porras, Edgar J	12251 Taft St, Ste 404	Pembroke Pines	FL	33026	
195	263005908	Spencer, Scott B	210 Jupiter Lakes Blvd, Bldg 5000 Ste 204	Jupiter	FL	33458	
196	650286174	Gorfinkel, Michael S	111 N Pine Island Rd, Ste 101	Plantation	FL	33324	
197	650879389	Klein, Mitchell J	7228 W Oakland Park Blvd	Lauderhill	FL	33313	
198	591290474	Ozga, Gary F	1296 S Federal Hwy	Pompano Beach	FL	33062	
199	208754293	Roseff, Michael J	8784 Boynton Beach Blvd, Ste 103	Boynton Beach	FL	33472	
200	810671550	Aron, Robert S	1874 W Hillsboro Blvd	Deerfield Beach	FL	33442	

**City of Fort Lauderdale
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Rank	Federal Employer ID	Name	Address	City	State	Zip	In Network? Yes or No
201	911891746	Cirtaut, Linda M	Po Box 13828	Mill Creek	WA	98082	
202	592289312	Berry, Bryan W	800 E Broward Blvd Ste 410	Ft Lauderdale	FL	33301	
203	650908498	Proano Wise, Nancy L	2600 W Flagler St	Miami	FL	33135	
204	200185918	Waldee, Kerry G	817 S University Dr, Suite 103	Plantation	FL	33324	
205	582407716	Yates, David W	2474 SE Federal Hwy	Stuart	FL	34994	
206	650731323	Krimsky, Peter K	7408 NW 5th St	Plantation	FL	33317	
207	651007689	Rothfield, Elizabeth A	4601 Hollywood Blvd	Hollywood	FL	33021	
208	591614126	Barogiannis, Constantinos	2440 E Commercial Blvd	Fort Lauderdale	FL	33308	
209	223868692	Oklin, Richard S	6805 Pembroke Rd	Hollywood	FL	33023	
210	651077289	Bennett, David A	10305 NW 41st St, Ste 207	Doral	FL	33178	
211	273480873	Anand, Payal M	2410 N University Dr	Coral Springs	FL	33065	
212	593694196	Huhn, Clete F	1100 S Orange Ave	Orlando	FL	32806	
213	650349658	Ziadie, Elizabeth T	9720 Stirling Rd, Ste 211	Cooper City	FL	33024	
214	650006275	Shiffman, Harvey S	8200 S Jog Rd, Ste 201	Boynton Beach	FL	33472	
215	461139956	Lekkas, Nick	2870 Ne 8th St	Homestead	FL	33033	
216	200185918	Hohimer Jr, David M	817 S University Dr Su	Plantation	FL	33324	
217	542079759	Kaufman, Robert H	4665 W Atlantic Ave	Delray Beach	FL	33445	
218	650144056	Cohen, Jeffrey	4324 Forest Hill Blvd	West Palm Beach	FL	33406	
219	650854084	Meier, Scott F	500 University Blvd, Ste 112	Jupiter	FL	33458	
220	200010251	Marchetto, John J	1600 Town Center Blvd Ste A	Weston	FL	33326	
221	592714865	Lunsford, Joseph L	6736 Forest Hill Blvd	Greenacres	FL	33413	
222	260042734	Morrow, Richard S	1881 N University Dr, Ste 2012	Coral Springs	FL	33071	
223	582592630	Reilly, James W	1150 Hammond Dr Ste 200	Atlanta	GA	30328	
224	650642600	Darling, Steven G	8190 S Jog Rd, Ste 200	Boynton Beach	FL	33472	
225	591273519	Sands, James D	5890 Hallandale Beach Blvd	West Hollywood	FL	33023	

**City of Fort Lauderdale
Top 250 DPPO Providers
Claims Paid 1/1/2016 - 12/31/2016**

Company Name: _____

Indicate which of the listed providers is included in your company's proposed DPPO network and include a hard copy as well as an Excel file in your response.

Rank	Federal Employer ID	Name	Address	City	State	Zip	In Network? Yes or No
226	650481999	Wasserman, Alan G	22053 State Road 7	Boca Raton	FL	33428	
227	204132428	Saidi, Ardavan	119 Washington Ave, Suite 601	Miami Beach	FL	33139	
228	650719035	Starkman, Jeffrey A	11682B US Highway 1, Ste 60	Palm Beach Gardens	FL	33408	
229	010924720	Kocher, Jennifer C	7593 Boynton Beach Blvd, Ste 200	Boynton Beach	FL	33437	
230	205495196	Gomez Trainor, Sandra P	1740 E Commercial Blvd	Fort Lauderdale	FL	33334	
231	650019957	Epstein, Mitchell R	8430 W Broward Blvd, Ste 100	Plantation	FL	33324	
232	650721202	Vallejo, Freddy A	600 S Pine Island Rd, Suit #201	Plantation	FL	33324	
233	592135962	Walsh, Joseph C	2600 N Military Trl Ste 3	Boca Raton	FL	33431	
234	264306631	Shults, Randall C	1200 Corporate Center Way, Suite 100	Wellington	FL	33414	
235	592303705	Patel, Jitendra L	4651 NW 31st Ave	Tamarac	FL	33309	
236	451797933	Zombek, Steven J	Emerald Hills Medical Squ, 4480 Sheridan St	Hollywood	FL	33021	
237	830401313	Winton, Adam J	1201 E Sample Rd, Ste 101	Pompano Beach	FL	33064	
238	650981758	Stokesberry, Douglas A	9204 NE 6th Ave	Miami Shores	FL	33138	
239	591967618	Lev, Robert J	8383 Pines Blvd	Pembroke Pines	FL	33024	
240	900923182	Fendrich, Laurence E	18431 Miramar Pkwy	Miramar	FL	33029	
241	461424382	Friedel, Lee M	1605 Town Center Blvd, Ste B	Weston	FL	33326	
242	471526151	Krohn, Mel R	7500 NW 5th St, Ste 105	Plantation	FL	33317	
243	650795660	Baghdassarian, Rosemary	1608 E Commercial Blvd	Oakland Park	FL	33334	
244	203965948	Sajoo, Sameer	3471 N Federal Hwy Ste 200	Fort Lauderdale	FL	33306	
245	264745380	Blanco, Yamilet	800 E Merritt Island Cswy, Ste 105	Merritt Island	FL	32952	
246	650962928	Eggnatz, Michael D	17190 Royal Palm Blvd, Suite #4	Weston	FL	33326	
247	650796764	Desenze, Philip S	540 E McNab Rd, Ste E	Pompano Beach	FL	33060	
248	592655484	Malik, Sawan K	1027 SE 17th St	Fort Lauderdale	FL	33316	
249	203404121	Ardalan, Amir R	374 SW Prima Vista Blvd.	Port St. Lucie	FL	34983	
250	651131832	Martinez, Mario J	6601 SW 80th St Ste 212	Miami	FL	33143	

City of Fort Lauderdale
DHMO Top Providers Chosen by Subscriber Count

Company Name: _____

Indicate which of the listed DHMO providers is included in your company's proposed DHMO network and include a hard copy as well as an Excel sheet in your proposal.

	Tax ID	Facility	Address	City	State	Zip	In Network? Yes or No
1	30576792	TLC Dental East	3001 E Commercial Blvd	Fort Lauderdale	FL	33308	
2	592681987	Barnard, DDS, Michael	1209 W Broward Blvd	Ft Lauderdale	FL	33312	
3	650461148	Bayview Dental Associates PA	2826 E OkInd Prk Blvd Ste 300	Ft Lauderdale	FL	33306	
4	650908498	Sage Dental of Plantation PA	8440 W Broward Blvd	Plantation	FL	33324	
5	591399832	Emerald Hills Dental Center	3856 Sheridan St	Hollywood	FL	33021	
6	731723037	Jacardanda Dental Associates	600 S Pine Island Rd Ste 201	Plantation	FL	33324	
7	462896556	True Original Smiles Inc	5863 N University Dr	Tamarac	FL	33321	
8	30576797	TLC Dental North	7110 Southgate Blvd	N Lauderdale	FL	33068	
9	562315803	The Dental Group	2609 W Oakland Park Blvd	Ft Lauderdale	FL	33311	
10	650924956	Sage Dental of Pompano Beach P	1650 N Federal Hwy Ste 105	Pompano Beach	FL	33062	
11	263699117	Dr. Max A Zaslavsky	6451 N Federal Hwy	Ft Lauderdale	FL	33308	
12	592530483	Ongley/Jacaranda Square Dent	1945 N Pine Island Rd	Sunrise	FL	33322	
13	271436445	Sage Dental of Cooper City PLL	12129 Sheridan St	Hollywood	FL	33026	
14	203993947	Jeremy Gerber DMD PA	1332 SE 17th St	Fort Lauderdale	FL	33316	
15	421650718	Stanton Dental Excellence	5400 N Federal Hwy Ste 101	Ft Lauderdale	FL	33308	
16	272813237	Sage Dental of Coral Springs P	987 N University Dr	Coral Springs	FL	33071	
17	650132415	Centre for the Dental Arts	648 NE 3rd Ave	Fort Lauderdale	FL	33304	
18	650076718	Karpel, DDS, Joel	7193 W Oakland Park Blvd	Lauderhill	FL	33313	
19	471565474	Fresh Dental Smiles	7100 W Commercial Blvd Ste 108	Lauderhill	FL	33319	
20	203175411	Veneto Dental Care	3600 Red Rd Ste 604	Miramar	FL	33025	
21	263005908	Sage Dental of Coconut Creek P	5463 Lyons Rd Ste C	Coconut Creek	FL	33073	
22	650234930	Family Dental Associates	6130 W Atlantic Blvd Ste 4	Margate	FL	33063	
23	650129699	Plantation Dental Services	314 S University Dr	Plantation	FL	33324	
24	650467002	Dallas, DDS, Michele	620 NE 3rd St	Fort Lauderdale	FL	33301	
25	650509660	Sunrise Intracoastal Dtl Ctr	900 NE 26th Ave Ste 200	Fort Lauderdale	FL	33304	
26	650043559	G & G Dental Associates	7030 NW 57th St	Tamarac	FL	33319	
27	271168262	Healthy Family Dentistry	5350 W Hillsboro Blvd Ste 201	Coconut Creek	FL	33073	
28	203141319	James Kerns Dmd Plc	6905 W Broward Blvd Ste 101	Plantation	FL	33317	
29	592549495	L G James DMD Professional	4101 S Hospital Dr Ste 4	Plantation	FL	33317	
30	30576799	TLC Dental Dania	435 E Sheridan St	Dania	FL	33004	
31	273480873	Coral Springs Smiles PA	2929 N University Dr Ste 203	Coral Springs	FL	33065	

City of Fort Lauderdale
DHMO Top Providers Chosen by Subscriber Count

Company Name: _____

Indicate which of the listed DHMO providers is included in your company's proposed DHMO network and include a hard copy as well as an Excel sheet in your proposal.

	Tax ID	Facility	Address	City	State	Zip	In Network? Yes or No
32	650719035	Dental Health Grp II Pem Pines	140 S University Dr	Pembroke Pines	FL	33025	
33	592655484	Gentle Family Dentistry	10167 W Sunrise Blvd Ste 101	Plantation	FL	33322	
34	650322438	Mehler, DDS, Eric	7800 W Oaklnd Pk Blvd Ste 114	Sunrise	FL	33351	
35	474657069	Sage Dental Of Tamarac Pllc	5779 N University Dr	Tamarac	FL	33321	
36	205495196	Gomez Trainor, DDS PA, Sandra	1831 NE 45th St Ste A	Ft Lauderdale	FL	33308	
37	591788725	Deerfield Dental Services	1800 W Hillsboro Blvd Ste 210	Deerfield Beach	FL	33442	
38	200171638	Dental Care Ctr of Hollywood	3900 Hollywood Blvd Ste 304	Hollywood	FL	33021	
39	471035515	Optum Dental Care Llc	1854 N Nob Hill Rd	Plantation	FL	33322	
40	272808186	Sage Dental of Deerfield Beach	2265 W Hillsboro Blvd	Deerfield Bch	FL	33442	
41	650411776	Premiere Dental Care Center	17901 NW 5th St Ste 206	Pembroke Pines	FL	33029	
42	273944632	BL Dental Associates LLC	3233 Palm Ave	Hialeah	FL	33012	
43	592665788	Pine, DDS, Philip A.	1600 E Atlantic Blvd Fl 2	Pompano Beach	FL	33060	
44	223967347	Tamarac Dental Associates	7351 W Oaklnd Pk Blvd Ste 102	Lauderhill	FL	33319	
45	352163655	Howard Finnk DDS PA	10071 Sunset Strip	Sunrise	FL	33322	
46	473696720	Sage Dental Of Downtown Fort L	551 N Federal Hwy Ste 900	Fort Lauderdale	FL	33301	
47	593508140	Coast Dental - Sebring	901 US Highway 27 N Ste 60	Sebring	FL	33870	
48	263394448	Gentle Dentistry of Tamarac	10151 W Commercial Blvd	Sunrise	FL	33351	
49	650456698	Graff, DMD, PA, Brad W.	3107 Stirling Rd Ste 108	Ft Lauderdale	FL	33312	

BUSINESS ASSOCIATE AGREEMENT

This Agreement is made and entered into this _____ day of _____, 2016, by and between the City of Fort Lauderdale, a Florida municipality (hereinafter referred to as the "Covered Entity" or "City") and **Benefits Outsource, Inc.**, a Florida corporation, (hereinafter referred to as "Business Associate" or "Contractor").

WHEREAS, the Covered Entity and the Business Associate have established a business relationship in which Business Associate, acting for or on behalf of Covered Entity, receives Protected Health Information as defined by the Health Insurance Portability and Accountability Act of 1996 ("Act"); and

WHEREAS, the Covered Entity and the Business Associate desire to comply with the requirements of the Act's Privacy Rule as further set out below.

NOW, THEREFORE, in consideration of the mutual covenants, promises and agreements set forth herein, the Covered Entity and the Business Associate agree as follows:

1. Definitions

a. Terms used, but not otherwise defined, in this Agreement shall have the same meaning as those terms in the Privacy and Security Rules ("Privacy Rule"), as codified in 45 Code of Federal Regulations Parts 160 through 164, as may be amended.

2. Obligations and Activities of Business Associate

a. Business Associate agrees to not use or disclose Protected Health Information other than as permitted or required by the Agreement or as Required by Law.

b. Business Associate agrees to use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement.

c. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement.

d. Business Associate agrees to report to Covered Entity any use or disclosure of the Protected Health Information not provided for by this Agreement of which it becomes aware.

e. Business Associate agrees to ensure that any agent or subcontractor, to whom it provides Protected Health Information received from, or

created or received by Business Associate on behalf of Covered Entity, agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.

f. Business Associate agrees to provide access, at the request of Covered Entity, and in a reasonable time and manner, to Protected Health Information in a Designated Record Set, to Covered Entity or, as directed by Covered Entity, to an Individual in order to meet the requirements under 45 C.F.R. § 164.524, if the Business Associate has Protected Health Information in a Designated Record Set.

g. Business Associate agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that the Covered Entity directs or agrees to pursuant to 45 C.F.R. § 164.526 at the request of Covered Entity or an Individual, in a reasonable time and manner, if Business Associate has Protected Health Information in a Designated Record Set, or take other measures as necessary to satisfy Covered Entity's obligations under 45 C.F.R. 164.526.

h. Business Associate agrees to make internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Covered Entity available to the Covered Entity, or to the Secretary, in a reasonable time and manner or as designated by the Secretary, for purposes of the Secretary determining Covered Entity's compliance with the Privacy Rule.

i. Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 C.F.R. § 164.528.

j. Business Associate agrees to provide to Covered Entity or an Individual, within thirty (30) days of receipt of a written request from the Covered Entity or an Individual, information collected in accordance with Section 2.i of this Agreement, to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 C.F.R. § 164.528.

k. Sections 164.308, 164.310, 164.312, and 164.316 of Title 45, Code of Federal Regulations, shall apply to Business Associate in the same manner that such sections apply to Covered Entity.

l. Business Associate shall comply with the privacy, security, and security breach notification provisions applicable to a business associate pursuant to Subtitle D of the Health Information Technology for Economic and Clinical Health Act which is Title XIII of Division A of the American Recovery and Reinvestment Act of 2009 (Public Law 111-5), 42 U.S.C.A. §17921 *et seq.* (2016), as may be amended or revised, ("HITECH"), any regulations promulgated thereunder, and any amendments to the Privacy Rule, all of which are hereby incorporated herein by reference.

3. Permitted Uses and Disclosures by Business Associate

a. Except as otherwise limited in this Agreement, Business Associate may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in the Agreement for Administrative Services for Flexible Spending Accounts and COBRA dated August 16, 2016, between the City of Fort Lauderdale and the Business Associate ("Original Contract"), provided that such use or disclosure would not violate the Privacy Rule if done by Covered Entity or the minimum necessary policies and procedures of the Covered Entity.

4. Specific Use and Disclosure Provisions

a. Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.

b. Except as otherwise limited in this Agreement, Business Associate may disclose Protected Health Information for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate, provided that disclosures are Required By Law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required By Law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

c. Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information to provide Data Aggregation services to Covered Entity as permitted by 45 C.F.R. § 164.504(e)(2)(i)(B).

d. Business Associate may use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with 45 C.F.R. § 164.502(j)(1).

e. Business Associate may use Protected Health Information to deidentify the information in accordance with 45 C.F.R. 164.514(a)-(c).

f. Business Associate may use Protected Health Information as required by law.

g. Business Associate agrees to make uses and disclosures and requests for protected health information consistent with Covered Entity's minimum necessary policies and procedures.

h. Business Associate may not use or disclose protected health information in a manner that would violate Subpart E of 45 C.F.R. Part 164 if done by Covered Entity, except for the specific uses and disclosures set forth above.

5. Obligations of Covered Entity

a. Covered Entity shall notify Business Associate of any limitation(s) in the notice of privacy practices of Covered Entity in accordance with 45 C.F.R. § 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of Protected Health Information.

b. Covered Entity shall notify Business Associate of any changes in, or revocation of, permission by an Individual to use or disclose his or her Protected Health Information, to the extent that such changes may affect Business Associate's use or disclosure of Protected Health Information.

c. Covered Entity shall notify Business Associate of any restriction on the use or disclosure of Protected Health Information that Covered Entity has agreed to or is required to abide by under 45 C.F.R. § 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of Protected Health Information.

6. Permissible Requests by Covered Entity

a. Covered Entity shall not request Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under Subpart E of 45 C.F.R. Part 164 if done by Covered Entity, except that Business Associate may use or disclose Protected Health Information for data aggregation or management and administrative activities of Business Associate if required by the terms of the Original Contract.

7. Term and Termination

a. The Term of this Agreement shall be effective as of the effective date of the Original Contract, and shall terminate when the Original Contract terminates. Upon termination, all of the Protected Health Information provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, shall be destroyed or returned to Covered Entity, or, if it is infeasible to return or destroy Protected Health Information, or if it is illegal to destroy Protected Health Information, the protections are extended to such information, in accordance with the termination provisions in this Section.

b. Upon either party's knowledge of a material breach by the other party, the nonbreaching party shall either:

1. Provide an opportunity of at least thirty (30) days for the breaching party to cure the breach or end the violation and terminate this Agreement

and the Original Contract if the breaching party does not cure the breach or end the violation within the time specified by the nonbreaching party;

2. Immediately terminate this Agreement and the Original Contract if the breaching party has breached a material term of this Agreement and cure is not possible; or

3. If neither termination nor cure is feasible, the nonbreaching party shall report the violation to the Secretary.

c. Effect of Termination

1. Except as provided in paragraph (2) of this section, upon termination of this Agreement, for any reason, Business Associate shall return, or destroy, except as prohibited by the Florida public records law, all Protected Health Information received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the Protected Health Information.

2. In the event that Business Associate's return or destruction of the Protected Health Information would be infeasible or illegal, Business Associate shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible or illegal, for so long as Business Associate maintains such Protected Health Information. Upon written request from the Covered Entity, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible or illegal. At all times Business Associate shall comply with the Florida public records law and exemptions therefrom, and applicable Florida records retention requirements.

8. Miscellaneous

a. A reference in this Agreement to a section in the Privacy Rule means the section as in effect or as amended or revised.

b. The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for Covered Entity to comply with the requirements of the Privacy Rule and the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191. If the parties are unable to reach agreement regarding an amendment to this Agreement, either Business Associate or Covered Entity may terminate this Agreement upon ninety (90) days written notice to the other party.

c. The respective rights and obligations of Business Associate under Sections 7(c)(1) and 7(c)(2) of this Agreement shall survive the termination of this Agreement.

d. Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the Privacy Rule.

e. Business Associate shall indemnify, hold harmless, and defend at Business Associate's expense, counsel being subject to Covered Entity's approval, the Covered Entity, and the Covered Entity's officers and employees (collectively "indemnitees"), against any and all claims, actions, lawsuits, damages, losses, liabilities, judgments, fines, penalties, costs, and expenses incurred by any of the indemnitees arising out of or in connection with Business Associate's or any of Business Associate's officers', employees', agents', or subcontractors' breach of this Agreement or any act or omission by Business Associate or by any of Business Associate's officers, employees, agents, or subcontractors, including Business Associate's failure to perform any of its obligations under the Privacy Rule. Business Associate shall pay any and all expenses, fines, judgments, and penalties, including court costs and attorney fees, which may be imposed upon any of the indemnitees resulting from or arising out of Business Associate's or any of Business Associate's officers', employees', agents', or subcontractors' breach of this Agreement or other act or omission.

f. Venue for any lawsuit or any other legal proceedings brought by either party against the other party or otherwise arising out of this Agreement, shall be in Broward County, Florida, or, in the event of federal jurisdiction, in the United States District Court for the Southern District of Florida, with appellate jurisdiction in the respective corresponding appellate tribunals.

g. IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS, AT 954-828-5436, mnaftaniel@fortlauderdale.gov, 100 North Andrews Avenue, Fort Lauderdale, Florida, 33301, Attention: Michael Naftaniel.

Notwithstanding anything contained in this Agreement to the contrary, except as otherwise provided by federal law, Contractor shall:

1. Keep and maintain public records that ordinarily and necessarily would be required by the City in order to perform the service.

2. Upon request from the City's custodian of public records, provide the City with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes (2016), as may be amended or revised, or as otherwise provided by law.

3. Ensure that public records that are exempt or confidential and

exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of this contract if the Contractor does not transfer the records to the City.

4. Upon completion of the Contract, transfer, at no cost, to the City all public records in possession of the Contractor or keep and maintain public records required by the City to perform the service. If the Contractor transfers all public records to the City upon completion of this Contract, the Contractor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the Contractor keeps and maintains public records upon completion of this Contract, the Contractor shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the City, upon request from the City's custodian of public records, in a format that is compatible with the information technology systems of the City.

IN WITNESS WHEREOF, the City of Fort Lauderdale and Benefits Outsource, Inc., execute this Business Associate Agreement as follows:

ATTEST:

Jeffrey A. Modarelli, City Clerk

CITY OF FORT LAUDERDALE

By: _____
John P. "Jack" Seiler, Mayor

By: _____
Lee R. Feldman, City Manager

Approved as to form:
Cynthia A. Everett, City Attorney

By: _____
Assistant City Attorney

WITNESSES:

(Signature)
Print Name:

(Signature)
Print Name:

Benefits Outsource, Inc.

By _____
Obasogie Jackson
President

ATTEST:

(CORPORATE SEAL)

Marilyn M. Jones
SecretarySTATE OF _____:
COUNTY OF _____:

The foregoing Business Associate Agreement was acknowledged before me this _____ day of _____, 2016, by _Obasogie Jackson as president for Benefits Outsource, Inc., a Florida corporation.

(SEAL)

Notary Public, State of _____
(Signature of Notary Public - State of _____)

(Print, Type, or Stamp Commissioned Name of
Notary Public)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

**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 Division. The City may delete, supersede, or modify any of these standard instructions for a particular contract by indicating such change in the Invitation to Bid (ITB) Special Conditions, Technical Specifications, Instructions, Proposal Pages, Addenda, and Legal Advertisement. In this general conditions document, Invitation to Bid (ITB), Request for Qualifications (RFQ), and Request for Proposal (RFP) are interchangeable.

PART I BIDDER PROPOSAL PAGE(S) CONDITIONS:

- 1.01 BIDDER ADDRESS:** The City maintains automated vendor address lists that have been generated for each specific Commodity Class item through our bid issuing service, BidSync. Notices of Invitations to Bid (ITB'S) are sent by e-mail to the selection of bidders who have fully registered with BidSync or faxed (if applicable) to every vendor on those lists, who may then view the bid documents online. Bidders who have been informed of a bid's availability in any other manner are responsible for registering with BidSync in order to view the bid documents. There is no fee for doing so. If you wish bid notifications be provided to another e-mail address or fax, please contact BidSync. If you wish purchase orders sent to a different address, please so indicate in your bid response. If you wish payments sent to a different address, please so indicate on your invoice.
- 1.02 DELIVERY:** Time will be of the essence for any orders placed as a result of this ITB. The City reserves the right to cancel any orders, or part thereof, without obligation if delivery is not made in accordance with the schedule specified by the Bidder and accepted by the City.
- 1.03 PACKING SLIPS:** It will be the responsibility of the awarded Contractor, to attach all packing slips to the OUTSIDE of each shipment. Packing slips must provide a detailed description of what is to be received and reference the City of Fort Lauderdale purchase order number that is associated with the shipment. Failure to provide a detailed packing slip attached to the outside of shipment may result in refusal of shipment at Contractor's expense.
- 1.04 PAYMENT TERMS AND CASH DISCOUNTS:** Payment terms, unless otherwise stated in this ITB, will be considered to be net 45 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.
- 1.05 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.
- 1.06 BIDS FIRM FOR ACCEPTANCE:** Bidder warrants, by virtue of bidding, that the bid and the prices quoted in the bid will be firm for acceptance by the City for a period of one hundred twenty (120) days from the date of bid opening unless otherwise stated in the ITB.
- 1.07 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.
- 1.08 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.
- 1.09 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.

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.

1.10 MINORITY-WOMEN BUSINESS ENTERPRISE PARTICIPATION

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

1.11 SCRUTINIZED COMPANIES

Subject to *Odebrecht Construction, Inc., v. Prasad*, 876 F.Supp.2d 1305 (S.D. Fla. 2012), *affirmed*, *Odebrecht Construction, Inc., v. Secretary, Florida Department of Transportation*, 715 F.3d 1268 (11th Cir. 2013), with regard to the "Cuba Amendment," the Contractor certifies that it is not on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List or the Scrutinized Companies that Boycott Israel List created pursuant to Section 215.4725, Florida Statutes (2016), that it is not engaged in a boycott of Israel, and that it does not have business operations in Cuba or Syria, as provided in section 287.135, Florida Statutes (2016), as may be amended or revised. The City may terminate this Agreement at the City's option if the Contractor is found to have submitted a false certification as provided under subsection (5) of section 287.135, Florida Statutes (2016), as may be amended or revised, or been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List or the Scrutinized Companies that Boycott Israel List created pursuant to Section 215.4725, Florida Statutes (2016), or is engaged in a boycott of Israel or has been engaged in business operations in Cuba or Syria, as defined in Section 287.135, Florida Statutes (2016), as may be amended or revised.

1.12 DEBARRED OR SUSPENDED BIDDERS OR PROPOSERS

The bidder or proposer certifies, by submission of a response to this solicitation, that neither it nor its principals and subcontractors are presently debarred or suspended by any Federal department or agency.

Part II DEFINITIONS/ORDER OF PRECEDENCE:

2.01 BIDDING DEFINITIONS The City will use the following definitions in its 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.

REQUEST FOR QUALIFICATIONS (RFQ) when the City is requesting qualifications from qualified Proposers.

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

PROPOSAL – a proposal received in response to an RFP.

BIDDER – Person or firm submitting a Bid.

PROPOSER – Person or firm submitting a Proposal.

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

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

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

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

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

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

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

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

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

PART III BIDDING AND AWARD PROCEDURES:

3.01 SUBMISSION AND RECEIPT OF BIDS: To receive consideration, bids must be received prior to the bid opening date and time. Unless otherwise specified, Bidders 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 Form G-107 Rev. 08/2016

presence of Bidders, the public, and City staff. Bidders and the public are invited and encouraged to attend bid openings. Bids will be tabulated and made available for review by Bidder's and the public in accordance with applicable regulations.

- 3.02 MODEL NUMBER CORRECTIONS:** If the model number for the make specified in this ITB is incorrect, or no longer available and replaced with an updated model with new specifications, the Bidder shall enter the correct model number on the bidder proposal page. In the case of an updated model with new specifications, Bidder shall provide adequate information to allow the City to determine if the model bid meets the City's requirements.
- 3.03 PRICES QUOTED:** Deduct trade discounts, and quote firm net prices. Give both unit price and extended total. In the case of a discrepancy in computing the amount of the bid, the unit price quoted will govern. All prices quoted shall be F.O.B. destination, freight prepaid (Bidder pays and bears freight charges, Bidder owns goods in transit and files any claims), unless otherwise stated in Special Conditions. Each item must be bid separately. No attempt shall be made to tie any item or items contained in the ITB with any other business with the City.
- 3.04 TAXES:** The City of Fort Lauderdale is exempt from Federal Excise and Florida Sales taxes on direct purchase of tangible property. Exemption number for EIN is 59-6000319, and State Sales tax exemption number is 85-8013875578C-1.
- 3.05 WARRANTIES OF USAGE:** Any quantities listed in this ITB as estimated or projected are provided for tabulation and information purposes only. No warranty or guarantee of quantities is given or implied. It is understood that the Contractor will furnish the City's needs as they arise.
- 3.06 APPROVED EQUAL:** When the technical specifications call for a brand name, manufacturer, make, model, or vendor catalog number with acceptance of APPROVED EQUAL, it shall be for the purpose of establishing a level of quality and features desired and acceptable to the City. In such cases, the City will be receptive to any unit that would be considered by qualified City personnel as an approved equal. In that the specified make and model represent a level of quality and features desired by the City, the Bidder must state clearly in the bid any variance from those specifications. It is the Bidder's responsibility to provide adequate information, in the bid, to enable the City to ensure that the bid meets the required criteria. If adequate information is not submitted with the bid, it may be rejected. The City will be the sole judge in determining if the item bid qualifies as an approved equal.
- 3.07 MINIMUM AND MANDATORY TECHNICAL SPECIFICATIONS:** The technical specifications may include items that are considered minimum, mandatory, or required. If any Bidder is unable to meet or exceed these items, and feels that the technical specifications are overly restrictive, the bidder must notify the Procurement Services Division immediately. Such notification must be received by the Procurement Services Division prior to the deadline contained in the ITB, for questions of a material nature, or prior to five (5) days before bid due and open date, whichever occurs first. If no such notification is received prior to that deadline, the City will consider the technical specifications to be acceptable to all bidders.
- 3.08 MISTAKES:** Bidders are cautioned to examine all terms, conditions, specifications, drawings, exhibits, addenda, delivery instructions and special conditions pertaining to the ITB. Failure of the Bidder to examine all pertinent documents shall not entitle the bidder to any relief from the conditions imposed in the contract.
- 3.09 SAMPLES AND DEMONSTRATIONS:** Samples or inspection of product may be requested to determine suitability. Unless otherwise specified in Special Conditions, samples shall be requested after the date of bid opening, and if requested should be received by the City within seven (7) working days of request. Samples, when requested, must be furnished free of expense to the City and if not used in testing or destroyed, will upon request of the Bidder, be returned within thirty (30) days of bid award at Bidder's expense. When required, the City may request full demonstrations of units prior to award. When such demonstrations are requested, the Bidder shall respond promptly and arrange a demonstration at a convenient location. Failure to provide samples or demonstrations as specified by the City may result in rejection of a bid.
- 3.10 LIFE CYCLE COSTING:** If so specified in the ITB, the City may elect to evaluate equipment proposed on the basis of total cost of ownership. In using Life Cycle Costing, factors such as the following may be considered: estimated useful life, maintenance costs, cost of supplies, labor intensity, energy usage, environmental impact, and residual value. The City reserves the right to use those or other applicable criteria, in its sole opinion that will most accurately estimate total cost of use and ownership.
- 3.11 BIDDING ITEMS WITH RECYCLED CONTENT:** In addressing environmental concerns, the City of Fort Lauderdale encourages Bidders to submit bids or alternate bids containing items with recycled content. When submitting bids containing items with recycled content, Bidder shall provide documentation adequate for the City to verify the recycled content. The City prefers packaging consisting of materials that are degradable or able to be recycled. When specifically 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 or cashier's check. 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, if required; acceptance of insurance coverage, if required; and full execution of contract documents, if required; or conditions as stated in Special Conditions.
- 3.15 PUBLIC RECORDS/TRADE SECRETS/COPYRIGHT:** The Proposer's response to the RFP is a public record pursuant to Florida law, which is subject to disclosure by the City under the State of Florida Public Records Law, Florida Statutes Chapter 119.07 ("Public Records Law"). The City shall permit public access to all documents, papers, letters or other material submitted in connection with this RFP and the Contract to be executed for this RFP, subject to the provisions of Chapter 119.07 of the Florida Statutes.

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Any language contained in the Proposer's response to the RFP purporting to require confidentiality of any portion of the Proposer's response to the RFP, except to the extent that certain information is in the City's opinion a Trade Secret pursuant to Florida law, shall be void. If a Proposer submits any documents or other information to the City which the Proposer claims is Trade Secret information and exempt from Florida Statutes Chapter 119.07 ("Public Records Laws"), the Proposer shall clearly designate that it is a Trade Secret and that it is asserting that the document or information is exempt. The Proposer must specifically identify the exemption being claimed under Florida Statutes 119.07. The City shall be the final arbiter of whether any information contained in the Proposer's response to the RFP constitutes a Trade Secret. 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 agent, against any loss or damages incurred by any person or entity as a result of the city's treatment of records as public records. Proposals purporting to be subject to copyright protection in full or in part will be rejected.

EXCEPT FOR CLEARLY MARKED PORTIONS THAT ARE BONA FIDE TRADE SECRETS PURSUANT TO FLORIDA LAW, DO NOT MARK YOUR RESPONSE TO THE RFP AS PROPRIETARY OR CONFIDENTIAL. DO NOT MARK YOUR RESPONSE TO THE RFP OR ANY PART THEREOF AS COPYRIGHTED.

3.16 PROHIBITION OF INTEREST: No contract will be awarded to a bidding firm who has City elected officials, officers or employees affiliated with it, unless the bidding firm has fully complied with current Florida State Statutes and City Ordinances relating to this issue. Bidders must disclose any such affiliation. Failure to disclose any such affiliation will result in disqualification of the Bidder and removal of the Bidder from the City's bidder lists and prohibition from engaging in any business with the City.

3.17 RESERVATIONS FOR AWARD AND REJECTION OF BIDS: The City reserves the right to accept or reject any or all bids, part of bids, and to waive minor irregularities or variations to specifications contained in bids, and minor irregularities in the bidding process. The City also reserves the right to award the contract on a split order basis, lump sum basis, individual item basis, or such combination as shall best serve the interest of the City. The City reserves the right to make an award to the responsive and responsible bidder whose product or service meets the terms, conditions, and specifications of the ITB and whose bid is considered to best serve the City's interest. In determining the responsiveness of the offer and the responsibility of the Bidder, the following shall be considered when applicable: the ability, capacity and skill of the Bidder to perform as required; whether the Bidder can perform promptly, or within the time specified, without delay or interference; the character, integrity, reputation, judgment, experience and efficiency of the Bidder; the quality of past performance by the Bidder; the previous and existing compliance by the Bidder with related laws and ordinances; the sufficiency of the Bidder's financial resources; the availability, quality and adaptability of the Bidder's supplies or services to the required use; the ability of the Bidder to provide future maintenance, service or parts; the number and scope of conditions attached to the bid.

If the ITB provides for a contract trial period, the City reserves the right, in the event the selected bidder does not perform satisfactorily, to award a trial period to the next ranked bidder or to award a contract to the next ranked bidder, if that bidder has successfully provided services to the City in the past. This procedure to continue until a bidder is selected or the contract is re-bid, at the sole option of the City.

3.18 LEGAL REQUIREMENTS: Applicable provisions of all federal, state, county laws, and local ordinances, rules and regulations, shall govern development, submittal and evaluation of all bids received in response hereto and shall govern any and all claims and disputes which may arise between person(s) submitting a bid response hereto and the City by and through its officers, employees and authorized representatives, or any other person, natural or otherwise; and lack of knowledge by any bidder shall not constitute a cognizable defense against the legal effect thereof.

3.19 BID PROTEST PROCEDURE: ANY PROPOSER OR BIDDER WHO IS NOT RECOMMENDED FOR AWARD OF A CONTRACT AND WHO ALLEGES A FAILURE BY THE CITY TO FOLLOW THE CITY'S PROCUREMENT ORDINANCE OR ANY APPLICABLE LAW MAY PROTEST TO THE DIRECTOR OF PROCUREMENT SERVICES DIVISION (DIRECTOR), BY DELIVERING A LETTER OF PROTEST TO THE DIRECTOR WITHIN FIVE (5) DAYS AFTER A NOTICE OF INTENT TO AWARD IS POSTED ON THE CITY'S WEB SITE AT THE FOLLOWING LINK: http://www.fortlauderdale.gov/purchasing/notices_of_intent.htm

THE COMPLETE PROTEST ORDINANCE MAY BE FOUND ON THE CITY'S WEB SITE AT THE FOLLOWING LINK:
<http://www.fortlauderdale.gov/purchasing/protestordinance.pdf>

PART IV BONDS AND INSURANCE

4.01 PERFORMANCE BOND: If a performance bond is required in Special Conditions, the Contractor shall within fifteen (15) working days after notification of award, furnish to the City a Performance Bond, 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.

Acknowledgement and agreement is given by both parties that the amount herein set for the Performance Bond 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 Division 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 for General Liability Insurance, and shall have no less than thirty (30) days written notice of cancellation or material change. Further modification of the insurance requirements may be made at the sole discretion of the City's Risk Manager if circumstances change or adequate protection of the City is not presented. Bidder, by submitting the bid, agrees to abide by such modifications.

PART V PURCHASE ORDER AND CONTRACT TERMS:

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

- 5.14 LAWS/ORDINANCES:** The Contractor shall observe and comply with all Federal, state, local and municipal laws, ordinances rules and regulations that would apply to this contract.
- 5.15 NON-DISCRIMINATION:** There shall be no discrimination as to race, sex, color, creed, age or national origin in the operations conducted under this contract.
- 5.16 UNUSUAL CIRCUMSTANCES:** If during a contract term where costs to the City are to remain firm or adjustments are restricted by a percentage or CPI cap, unusual circumstances that could not have been foreseen by either party of the contract occur, and those circumstances significantly affect the Contractor's cost in providing the required prior items or services, then the Contractor may request adjustments to the costs to the City to reflect the changed circumstances. The circumstances must be beyond the control of the Contractor, and the requested adjustments must be fully documented. The City may, after examination, refuse to accept the adjusted costs if they are not properly documented, increases are considered to be excessive, or decreases are considered to be insufficient. In the event the City does not wish to accept the adjusted costs and the matter cannot be resolved to the satisfaction of the City, the City will reserve the following options:
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 them of a legitimate obligation under the contract, and no unusual circumstances had occurred, the City reserves the right to take any and all action under law or equity. Such action shall include, but not be limited to, declaring the Contractor in default and disqualifying him for receiving any business from the City for a stated period of time.
- If the City does agree to adjusted costs, these adjusted costs shall not be invoiced to the City until the Contractor receives notice in writing signed by a person authorized to bind the City in such matters.
- 5.17 ELIGIBILITY:** If applicable, the Contractor must first register with the Department of State of the State of Florida, in accordance with Florida State Statutes, prior to entering into a contract with the City.
- 5.18 PATENTS AND ROYALTIES:** The Contractor, without exception, shall indemnify and save harmless the City and its employees from liability of any nature and kind, including cost and expenses for or on account of any copyrighted, patented or un-patented invention, process, or article manufactured or used in the performance of the contract, including its use by the City. If the Contractor uses any design, device, or materials covered by letters, patent or copyright, it is mutually agreed and understood without exception that the bid prices shall include all royalties or costs arising from the use of such design, device, or materials in any way involved in the work.
- 5.19 ASSIGNMENT:** Contractor shall not transfer or assign the performance required by this ITB without the prior written consent of the City. Any award issued pursuant to this ITB, and the monies, which may become due hereunder, are not assignable except with the prior written approval of the City Commission or the City Manager or City Manager's designee, depending on original award approval.
- 5.20 LITIGATION VENUE:** The parties waive the privilege of venue and agree that all litigation between them in the state courts shall take place in Broward County, Florida and that all litigation between them in the federal courts shall take place in the Southern District in and for the State of Florida.
- 5.21 LOCATION OF UNDERGROUND FACILITIES:** If the Contractor, for the purpose of responding to this solicitation, requests the location of underground facilities through the Sunshine State One-Call of Florida, Inc. notification system or through any person or entity providing a facility locating service, and underground facilities are marked with paint, stakes or other markings within the City pursuant to such a request, then the Contractor, shall be deemed non-responsive to this solicitation in accordance with Section 2-184(5) of the City of Fort Lauderdale Code of Ordinances.

5.22 PUBLIC RECORDS

IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT. CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT: (954-828-5002, PRRCONTRACT@FORTLAUDERDALE.GOV, CITY CLERK'S OFFICE, 100 NORTH ANDREWS AVENUE, FORT LAUDERDALE, FLORIDA 33301)

Contractor shall:

1. Keep and maintain public records that ordinarily and necessarily would be required by the City in order to perform the service.
2. Upon request from the City's custodian of public records, provide the City with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes (2016), as may be amended or revised, or as otherwise provided by law.

3. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of this contract if the Contractor does not transfer the records to the City.
4. Upon completion of the Contract, transfer, at no cost, to the City all public records in possession of the Contractor or keep and maintain public records required by the City to perform the service. If the Contractor transfers all public records to the City upon completion of this Contract, the Contractor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the Contractor keeps and maintains public records upon completion of this Contract, the Contractor shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the City, upon request from the City's custodian of public records, in a format that is compatible with the information technology systems of the City.

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,

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

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

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

NAME**RELATIONSHIPS**

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

CONTRACT PAYMENT METHOD BY P-CARD

THIS FORM MUST BY SUBMITTED WITH YOUR RESPONSE

The City of Fort Lauderdale has implemented a Procurement Card (P-Card) program which changes how payments are remitted to its vendors. The City has transitioned from traditional paper checks to payment by credit card via MasterCard or Visa. This allows you as a vendor of the City of Fort Lauderdale to receive your payment fast and safely. No more waiting for checks to be printed and mailed.

Payments will be made utilizing the City's P-Card (MasterCard or Visa). Accordingly, firms must presently have the ability to accept credit card payment or take whatever steps necessary to implement acceptance of a credit card before the commencement of a contract.

Please indicate which credit card payment you prefer:

_____ MasterCard

_____ Visa Card

Company Name: _____

Name (printed)

Signature

Date:

Title

BID/PROPOSAL CERTIFICATION

Please Note: If responding to this solicitation through BidSync, 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. All fields below must be completed. If the field does not apply to you, please note N/A in that field.

If you are a foreign corporation, you may be required to obtain a certificate of authority from the department of state, in accordance with Florida Statute §607.1501 (visit <http://www.dos.state.fl.us/>).

Company: (Legal Registration) _____ EIN (Optional): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No. _____ FAX No. _____ Email: _____

Delivery: Calendar days after receipt of Purchase Order (**section 1.02 of General Conditions**): _____

Total Bid Discount (**section 1.05 of General Conditions**): _____

Does your firm qualify for MBE or WBE status (**section 1.09 of General Conditions**): MBE _____ WBE _____

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

Addendum No.	Date Issued	Addendum No.	Date Issued	Addendum No.	Date Issued
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

VARIANCES: If you take exception or have variances to any term, condition, specification, scope of service, or requirement in this competitive solicitation you must specify such exception or variance in the space provided below or reference in the space provided below all variances contained on other pages within your response. Additional pages may be attached if necessary. No exceptions or variances will be deemed to be part of the response submitted unless such is listed and contained in the space provided below. The City does not, by virtue of submitting a variance, necessarily accept any variances. If no statement is contained in the below space, it is hereby implied that your response is in full compliance with this competitive solicitation. If you do not have variances, simply mark N/A. **If submitting your response electronically through BIDS SYNC you must also click the "Take Exception" button.**

The below signatory hereby agrees to furnish the following article(s) or services at the price(s) and terms stated subject to all instructions, conditions, specifications addenda, legal advertisement, and conditions contained in the bid/proposal. I have read all attachments including the specifications and fully understand what is required. By submitting this signed proposal I will accept a contract if approved by the City and such acceptance covers all terms, conditions, and specifications of this bid/proposal. The below signatory also hereby agrees, by virtue of submitting or attempting to submit a response, that in no event shall the City's liability for respondent's direct, indirect, incidental, consequential, special or exemplary damages, expenses, or lost profits arising out of this competitive solicitation process, including but not limited to public advertisement, bid conferences, site visits, evaluations, oral presentations, or award proceedings exceed the amount of Five Hundred Dollars (\$500.00). This limitation shall not apply to claims arising under any provision of indemnification or the City's protest ordinance contained in this competitive solicitation.

Submitted by:

Name (printed)

Signature

Date:

Title

revised 04/10/15



City of Fort Lauderdale • Procurement Services Division
100 N. Andrews Avenue, 619 • Fort Lauderdale, Florida 33301
954-828-5933 Fax 954-828-5576
purchase@fortlauderdale.gov

ADDENDUM NO. 1

RFP No. 575-11928
TITLE: Group DHMO and DPPO Dental Plan Benefits

ISSUED: March 24, 2017

This addendum is being issued to make the following change:

1. Section 3.6.4 shall now read:

Dependent Coverage

Eligible dependents shall include a covered employee's spouse if not divorced or legally separated or domestic partner and a covered employee's child to the end of the calendar year in which the child reaches age **twenty six (26)**, if the child meets all of the following:

- (a) The child is dependent upon the employee for support and is not married.
- (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.

All other terms, conditions, and specifications remain unchanged.

AnnDebra Diaz, CPPB
Senior Procurement Specialist

Company Name: _____
(please print)

Bidder's Signature: _____

Date: _____

Question and Answers for Bid #575-11928 - Group DHMO and DPPO Dental Plan Benefits

Overall Bid Questions

Question 1

Can you please provide an excel version of the dental employee census. Thank you. (Submitted: Mar 10, 2017 10:15:21 AM EST)

Answer

- Dental employee census provided (Answered: Mar 10, 2017 12:55:43 PM EST)

Question 2

PLEASE DISREGARD THE ABOVE REQUEST. CENSUS RECEIVED (Submitted: Mar 10, 2017 10:16:06 AM EST)

Answer

- Thank you. (Answered: Mar 10, 2017 12:55:43 PM EST)

Question 3

Our organization partners with a DHMO carrier for network only. We managed claims, service the members, OWN THE RISK and members use our portal the exact same way they would use the portal if they were a DPPO member. Is this acceptable under the terms of the RFP, or is this arrangement unacceptable (i.e., will we be disqualified for said arrangement)? (Submitted: Mar 21, 2017 12:37:41 PM EDT)

Answer

- The RFP included the language below in Section 3.2 that explains that the City is requesting a single source provider. Partnerships between DPPOs and DHMOs are not considered single source regardless of risk sharing or leasing arrangements.

The City is requesting a single source dental provider capable of providing both plan options as well as integrated member services for the members and the City. Proposals for independent stand-alone DHMO and DPPO plans will not be considered. Independent dental companies who partner with another dental company to provide the DPPO and DHMO benefits will not be considered. (Answered: Mar 21, 2017 3:48:23 PM EDT)

Question 4

Please confirm what parameters you are requesting for the Geo Access. Thanks. (Submitted: Mar 22, 2017 1:52:54 PM EDT)

Answer

- Use five (5) miles for the geo-access report for retirees with zip codes outside of the South Florida area.

(Answered: Mar 22, 2017 3:36:40 PM EDT)

- A minimum of two (2) providers within five (5) miles for the geo-access report. (Answered: Mar 24, 2017 10:45:34 AM EDT)

Question 5

Are home mailing of ID cards required, or will the City consider the option of having their members print their own ID card or download the mobile app with their plan information? (Submitted: Mar 23, 2017 6:07:32 PM EDT)

Answer

- The City is requiring the mailing of ID cards. (Answered: Mar 24, 2017 10:50:12 AM EDT)

Question 6

Do new non-management employees that did not have prior dental insurance have a 12 month waiting period for orthodontic services? (Submitted: Mar 23, 2017 6:15:48 PM EDT)

Answer

- The pre-existing conditions clause applies to both DPPO plan's and includes major services and orthodontic services. The clause only applies when proof of prior dental coverage is not provided for the newly enrolled member. (Answered: Mar 24, 2017 10:50:12 AM EDT)

Question 7

What is the age limit for dependent children for the dental plans? (Submitted: Mar 24, 2017 8:43:16 AM EDT)

Answer

- Dependents can be covered until the end of the calendar year of their 26th birthday, please refer to addendum issued. (Answered: Mar 24, 2017 10:45:34 AM EDT)

Question 8

How does the incumbent DPPO insurance plan determine out of network eligible dental claims? (Submitted: Mar 24, 2017 8:43:29 AM EDT)

Answer

- Humana uses our own proprietary information to calculate the usual and customary (U&C) fee level for fully insured dental clients. U&C fee means the lesser of:

• The fee determined by comparing charges for similar services to a national database adjusted to the geographical area where the services or procedures were performed

• The fee most often charged in the geographical area where the service was performed

• The fee most often charged by the provider (Answered: Mar 24, 2017 10:45:34 AM EDT)

Question 9

The RFP references "Local Business Preference (LBP)" under the Required Forms section and states; "This form is to be completed, if applicable, and inserted in this section." Can you please provide this form or provide additional information on what needs to be provided/ (Submitted: Mar 24, 2017 3:57:18 PM EDT)

Answer

- The Local Business Preference does not apply to this solicitation. Please disregard Section 4.2.22.c.

(Answered: Mar 27, 2017 8:40:18 AM EDT)

Question 10

Sec. 4.2.22 Required Forms - We are unable to locate this form referenced. (c.Local Business Preference (LBP)

This form is to be completed, if applicable, and inserted in this section). Please provide. (Submitted: Mar 27, 2017 3:07:04 PM EDT)

Answer

- Please refer to Question 9. (Answered: Mar 27, 2017 4:30:04 PM EDT)

Question 11

Please disregard question regarding local business preference. Already address in question #9. Thank you. (Submitted: Mar 27, 2017 3:09:08 PM EDT)

Answer

- Answered in Question 9 (Answered: Mar 27, 2017 4:30:04 PM EDT)

Question 12

Our organization requires that an NDA be signed in order to release the SOC 1. Is the City willing to sign an NDA prior to the RFP's closing date, and keep the contents of the SOC 1 out of public view? (Submitted: Mar 27, 2017 10:48:51 PM EDT)

Answer

- We are not requiring an SOC 1 report. Please refer to Section 2.25 of the RFP for the correct report required. Please see Section 1.1.5 of the RFP regarding public records and exemptions. A non-disclosure agreement would not be within City staff's authority to execute. The City of Fort Lauderdale will not agree to anything that would contravene Florida law. (Answered: Mar 28, 2017 1:58:31 PM EDT)

Question 13

Greetings:

Below please find Aetna's bidder questions for RFP 575-11928 - City of Ft. Lauderdale.

1. In Section 4.2 you ask that we provide the hard copy response bound in a soft cover binder . Are you looking for a spiral bound response, or would just report covers be acceptable?
2. Can bidders restart page numbering within each section (Section 4.2.1)?
3. Can you confirm the DMO Copays Exhibit can go on the same Flash Drive as the rest of the proposal (Section 4.2.5)
4. In 4.2.18 you ask us for a Sample Contract, then state that the terms and conditions cannot conflict with the

City's terms and conditions. Our Sample contracts are templates and they would be finalized upon award. Can you confirm at this point we can provide a sample template with the understanding that the final executive contract drafted and signed upon award would not conflict with the Cities terms and conditions?

5. In Section 2.25 you ask us to provide a current SSAW 16 SOC 2 Type 1 report. However, these typically only apply for Self-funded customers (not fully insured). Since this is a fully insured RFP, would this exempt us from providing the report?

6. What is the current dental OON Reimbursement percentage?

7. When looking at Exhibit 5: can you confirm that claims shown for Benefit Package IDs CR3ECFL1 and CR3VCFL1 (Non-Firefighter) should be combined to match those enrolled in the Dental PPO plan? And that claims shown for CR3ECFL3 (Firefighters) should be used for those enrolled in the Dental Fire plan?

8. Please confirm that we should be quoting net of commissions.

9. You reference a Local Business Preference (LBP) for, but we did not see this included with the RFP package. Can you please provide? (Submitted: Mar 28, 2017 10:14:44 AM EDT)

Answer

- 1. Report Covers are acceptable.

2. Yes, providing a table of contents is provided and each section is tabbed.

3. Yes, in excel format.

4. Yes, please provide a sample template.

5. No

6. Humana uses our own proprietary information to calculate the usual and customary (U&C) fee level for fully insured dental clients. U&C fee means the lesser of:

• The fee determined by comparing charges for similar services to a national database adjusted to the geographical area where the services or procedures were performed

• The fee most often charged in the geographical area where the service was performed

• The fee most often charged by the provider

7. Yes

8. Yes, the proposals should be quoted net of commissions.

9. LBP does not apply, refer to Question 9 above. (Answered: Mar 28, 2017 1:07:22 PM EDT)

- Section 4.2.1... disregard previous response. Page numbering should not restart with each section. All pages should be consecutively numbered and correspond to the Table of Contents (Answered: Mar 28, 2017 3:22:30 PM EDT)

Question 14

1. Please confirm that the proposal for the City does not need to be uploaded to BidSync.

2. Exhibit 15 DHMO Copays is locked for editing, and we cannot enter data in some required cells or add additional rows, as requested. Please provide the password for this file or an unlocked copy.

3. Please confirm that the sample contract agreement referenced in section 2.11 can be signed as a separate contract with the City and is not to be incorporated into the Contractor's contract with the City.

4. Is there a desired tab layout for the proposal? We ask this question because Section 3.4 states that references are to be included in Tab VII and Section 4.2.18 states that sample contracts are to be provided in Tab 9.

If there is a desired tab layout for the proposal, please provide the tab layout and instructions as to which documents to be included under each tab. (Submitted: Mar 28, 2017 12:51:21 PM EDT)

Answer

- 1. Confirmed

2. The password to unlock the sheet referenced in question 2 is lrhodes

3. Confirmed

4. There is no desired tab layout. This was an oversight.

5. There is no desired tab layout. (Answered: Mar 28, 2017 2:06:52 PM EDT)

Question 15

Section 4.2.1 states, "All pages should be consecutively numbered and correspond to the Table of Contents." Please confirm that proposers should consecutively number the proposal by section so it corresponds to the table of contents. (Submitted: Mar 28, 2017 3:16:31 PM EDT)

Answer

- Confirmed, All pages should be consecutively numbered and correspond to the Table of Contents.

Please confirm that proposers should consecutively number the proposal by section so it corresponds to the table of contents. You should not restart numbering with each section. **(Answered: Mar 28, 2017 3:22:30 PM EDT)**