

**COST PROPOSAL**  
**PROPOSED DENTAL PROGRAM SERVICES**  
**FOR**  
**THE EMPIRE PLAN**

SUBMITTED BY  
**GHI**  
May 2000





JOHN BAACKES  
VICE PRESIDENT & EXECUTIVE DIRECTOR  
UPSTATE REGION

## Transmittal Letter

May 17, 2000

Mr. Robert DuBois, CEBS  
Director, Employee Benefits Division  
New York State Department of Civil Services  
W, Averell Harriman State Office Building Campus  
Building 1, Room 154  
Albany, New York 12239

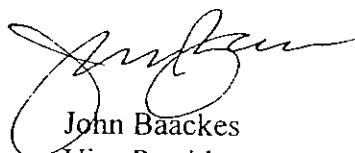
Dear Mr. DuBois:

GHI is pleased to present this Cost Proposal to provide Dental Program Services for New York State. The provisions set forth in this proposal will remain valid for 300 days from the proposal due date.

GHI agrees to the terms and conditions set forth in Section VI of the New York State RFP, including Standard New York State Appendix A (Exhibit I.A). GHI also agrees in principle to provide the comprehensive Dental Program responsibilities as outlined in Section III.C of the RFP.

If you have any questions regarding this proposal, please do not hesitate to contact me at (518) 446-8057.

Sincerely,



John Baackes  
Vice President

May 18, 2000

80 WOLF ROAD, ALBANY, NEW YORK 12205 518-446-8048 FAX 518-446-0185

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# FINANCIAL NARRATIVE

## *Introduction*

As the incumbent dental carrier, GHI is sensitive to New York State's budgetary needs, collective bargaining issues, and plan design requirements. Over the past 30 years, we have demonstrated our financial commitment to the State by implementing programs which have positively impacted premium levels without compromising enrollee benefits or access to care. For example:

- As a direct result of the cost-effectiveness of the Dental program, GHI has been able to maintain relatively level premium rates for the past four fiscal years (fiscal year 1997 through fiscal year 2000).
- GHI has agreed to retention levels which are below comparable programs.

We believe GHI's response to this RFP once again demonstrates GHI's financial commitment to the State and its unions.

In this proposal, GHI has quoted on both Core and Enhanced Plan options. GHI has illustrated all proposal premium rates for both the Active and Retiree plans. While GHI has provided rates for each option, we have completed the financial exhibits for the Active Core and Enhanced Plan # 1 and Retiree Plan #1 only. Should the State desire similar financial information for the other options, as noted in the RFP, GHI will gladly provide these exhibits.

GHI has quoted on multiple options for the Retiree and Active Enhanced Plans in this proposal. However, we anticipate that only one plan of each type – Core, Enhanced, and Retiree – will be offered to State enrollees. GHI will work with the State to select, implement, and administer the most effective option of each type from among those proposed.

## *Retention Cap*

GHI is willing to limit the administrative retention costs in the Active Core and Retiree plans to [REDACTED] per covered contract per month for the entire length of the 5-year contract. The non-administrative portion of the retention is [REDACTED] of premium for the Active Core Plan and [REDACTED] of premium for the Retiree Plan.

GHI also proposes to limit the Active Enhanced Plan administrative retention costs to [REDACTED] per covered contract per month for the entire length of the 5-year contract. The non-administrative portion of the retention is [REDACTED] of the Enhanced Plan premium.

## ***Program Funding***

Consistent with the requirements outlined in the Request For Proposal and with the current arrangement on the State program, GHI has quoted premium rates and retention based on a fully-insured, retrospectively-rated financial program. In accordance with the State's requirements, GHI will provide the annual renewal rating in the prescribed format no later than 4 months prior to the renewal effective date. Additionally, GHI will also provide the final Statement of Experience to the State within 75 days following the end of the contract year.

## ***Rating Assumptions***

In developing the proposed rates, GHI has used all the assumptions delineated in the RFP, including the 50% participation rate assumption specified for the Enhanced Plan. In addition, GHI's financial proposal rests on the following assumptions:

- Currently, the State remits premium to GHI based on "billed units", which represent the average payroll count multiplied by a discount factor to remove employees with less than six months of service. For 1999, the billed units have been 97,264. However, based on the State's response to Question #54 in Ms. Decker's letter of May 3<sup>rd</sup>, GHI understands that in the future, the State will remit monthly premium based on 100% of positively enrolled eligible members. Therefore, the rates for the proposed Active program were developed based on the full membership eligibility census of 107,466 State enrollees. Should GHI's assumption prove to be incorrect, the premium rates will need to be revised accordingly.
- The Active program premium rate units do not include PEF or Council 82. Should these groups wish to participate in this program, or should any other large group(s) wish to join the program, GHI reserves the right to adjust the premium rate unit accordingly.
- Both Active programs (Core and Enhanced) shall be settled in common.
- All Retiree programs shall be settled in common.

**ACTIVE PROGRAM**  
**MONTHLY PREMIUMS FOR THE PERIOD 1/1/2001 - 12/31/2001**  
**FULLY EXPERIENCE RATED AND FULLY PARTICIPATING**  
**CORE COMPONENT**

Exhibit IV.A

	Individual	Family	Total
Monthly Premium Rate	██████████	██████████	
Multiply by: 12 Months	@ 12	@ 12	
Annual Unit Premium	██████████	██████████	
Multiply by: Assumed Enrollment (1)	16,300	39,900	
Total Projected Premium	██████████	██████████	██████████

(1) Allocation among coverages based on the distribution of coverages for the respective Health Insurance Enrollees.

**ACTIVE PROGRAM  
MONTHLY PREMIUMS FOR THE PERIOD 1/1/2001 - 12/31/2001  
FULLY EXPERIENCE RATED AND FULLY PARTICIPATING  
ENHANCEMENT PROGRAM**

Exhibit IV.A1.  
Page 1 of 4

	PLAN #1		
	Individual	Family	Total
Monthly Premium Rate*	██████████	██████████	
Multiply by: 12 Months	<u>          @ 12          </u>	<u>          @ 12          </u>	
Annual Unit Premium	██████████	██████████	
Multiply by: Assumed Enrollment (1)	<u>          8,150          </u>	<u>          19,950          </u>	
Total Projected Premium	<u>██████████</u>	<u>██████████</u>	<u>██████████</u>

\* Premium rates represent the incremental cost above the Core Program premium rates.

(1) Allocation among coverages based on the distribution of coverages for the respective Health Insurance Enrollees. Assume 50% of the enrollees in the Core Program will opt to select the Enhancement Program.

**ACTIVE PROGRAM  
MONTHLY PREMIUMS FOR THE PERIOD 1/1/2001 - 12/31/2001  
FULLY EXPERIENCE RATED AND FULLY PARTICIPATING  
ENHANCEMENT PROGRAM**

Exhibit IV.A1.  
Page 2 of 4

	PLAN #2		Total
	Individual	Family	
Monthly Premium Rate*	██████████	██████████	
Multiply by: 12 Months	@ 12	@ 12	
Annual Unit Premium	██████████	██████████	
Multiply by: Assumed Enrollment (1)	8,150	19,950	
Total Projected Premium	██████████	██████████	██████████

\* Premium rates represent the incremental cost above the Core Program premium rates.

(1) Allocation among coverages based on the distribution of coverages for the respective Health Insurance Enrollees. Assume 50% of the enrollees in the Core Program will opt to select the Enhancement Program.

**ACTIVE PROGRAM  
MONTHLY PREMIUMS FOR THE PERIOD 1/1/2001 - 12/31/2001  
FULLY EXPERIENCE RATED AND FULLY PARTICIPATING  
ENHANCEMENT PROGRAM**

Exhibit IV.A1.  
Page 3 of 4

	PLAN #3		
	Individual	Family	Total
Monthly Premium Rate*	[REDACTED]	[REDACTED]	
Multiply by: 12 Months	@ 12	@ 12	
Annual Unit Premium	[REDACTED]	[REDACTED]	
Multiply by: Assumed Enrollment (1)	8,150	19,950	
Total Projected Premium	[REDACTED]	[REDACTED]	[REDACTED]

\* Premium rates represent the incremental cost above the Core Program premium rates.

(1) Allocation among coverages based on the distribution of coverages for the respective Health Insurance Enrollees. Assume 50% of the enrollees in the Core Program will opt to select the Enhancement Program.



**ACTIVE PROGRAM**  
**MONTHLY PREMIUMS FOR THE PERIOD 1/1/2001 - 12/31/2001**  
**FULLY EXPERIENCE RATED AND FULLY PARTICIPATING**  
**ENHANCEMENT PROGRAM**

Exhibit IV.A1.  
Page 4 of 4

	PLAN #4		Total
	Individual	Family	
Monthly Premium Rate*	██████████	██████████	
Multiply by: 12 Months	@ 12	@ 12	
Annual Unit Premium	██████████	██████████	
Multiply by: Assumed Enrollment (1)	8,150	19,950	
Total Projected Premium	██████████	██████████	██████████

\* Premium rates represent the incremental cost above the Core Program premium rates.

(1) Allocation among coverages based on the distribution of coverages for the respective Health Insurance Enrollees. Assume 50% of the enrollees in the Core Program will opt to select the Enhancement Program.

**Projected Financial Experience Statement(1)  
For the Period 1/1/2001 - 12/31/2001  
Fully Experience Rated and Fully Participating  
Core Component**

	Total
Premium	[REDACTED]
Claims	
Net Paid Claims	[REDACTED]
Plus: Ending Reserves(2)	[REDACTED]
<u>Less: Beginning Reserves</u>	[REDACTED]
Incurred Claims	[REDACTED]
Retention	
Total Administrative Fee	[REDACTED]
Cash Flow Charge (Credit)*	[REDACTED]
<u>Other</u>	[REDACTED]
Total Retention	[REDACTED]
Gain/(Loss)(3)	[REDACTED]

**Footnotes:**

(1) Please complete this statement assuming it is 3/15/2002 and your pricing assumptions are realized.

(2) Include IBNR as well as any margin and administrative expenses on the reserves.

(3) Assuming pricing assumptions are realized, this represents the margin load, if any, less any margin included in the Ending Reserves.

\*We recognize that the cash flow charges/(credit) which may be produced by the actual experience will be charged or credited in the annual financial statement, however, for the purpose of establishing the premium rates, we are using cash flow charge/(credit) of [REDACTED] in our financial exhibits.

### NYS Dental Program - Cash Flow Charge/(Credit) Calculation

Date	Premium Received	Paid Claims	Expenses Paid	Subtotal Balance	Interest at 6% [1]	Ending Balance
01-Jan-00	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
15-Jan-01	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
31-Jan-01	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
01-Feb-00	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
15-Feb-01	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
29-Feb-01	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
01-Mar-00	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
15-Mar-01	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
31-Mar-01	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
01-Apr-00	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
15-Apr-01	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
30-Apr-01	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
01-May-00	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
15-May-01	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
31-May-01	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
01-Jun-00	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
15-Jun-01	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
30-Jun-01	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
01-Jul-00	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
15-Jul-01	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
31-Jul-01	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
01-Aug-00	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
15-Aug-01	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
31-Aug-01	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
01-Sep-00	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
15-Sep-01	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
30-Sep-01	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
01-Oct-00	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
15-Oct-01	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
30-Oct-01	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
01-Nov-00	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
15-Nov-01	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
30-Nov-01	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
01-Dec-00	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
15-Dec-01	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
31-Dec-01	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Total	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

(1) The Three Month US Treasury Bill rate, adjusted on a monthly basis shall be used for crediting and charging interest to the Cash Account.  
 (2) For illustrative purpose only. We recognize that the cash flow charges/(credit) which may be produced by the actual experience will be charged or credited in the annual financial statement, however, for the purpose of establishing the premium rates, we are using cash flow charge/(credit) of \$0 in our financial exhibits.

**Projected Financial Experience Statement(1)  
For the Period 1/1/2001 - 12/31/2001  
Fully Experience Rated and Fully Participating  
Enhanced Component (Plan #1)**

	Total
Premium	██████████
Claims	
Net Paid Claims	██████████
Plus: Ending Reserves(2)	██████████
<u>Less: Beginning Reserves</u>	██████████
Incurred Claims	██████████
Retention	
Total Administrative Fee	██████████
Cash Flow Charge (Credit)*	██████████
<u>Other</u>	██████████
Total Retention	██████████
Gain/(Loss)(3)	██████████

**Footnotes:**

- (1) Please complete this statement assuming it is 3/15/2002 and your pricing assumptions are realized.
- (2) Include IBNR as well as any margin and administrative expenses on the reserves.
- (3) Assuming pricing assumptions are realized, this represents the margin load, if any, less any margin included in the Ending Reserves.

\*We recognize that the cash flow charges/(credit) which may be produced by the actual experience will be charged or credited in the annual financial statement, however, for the purpose of establishing the premium rates, we are using cash flow charge/(credit) of ██████ in our financial exhibits.

Components of the Net Paid Claims and Ending Claim Reserve  
As of 12/31/2001

Exhibit IV.B2

**Core Component**

	Total
<b>Net Paid Claims</b>	
Net Paid Claims(1)	<u>██████████</u>

**Ending Reserve**

Incurred But Not Reported (IBNR)	██████████
Margin on Reserve	██████████
Administrative Expense	██████████
<b>Total Ending Reserve(1)</b>	<u>██████████</u>

**Enhancement Component (Plan #1)**

	Total
<b>Net Paid Claims</b>	
Net Paid Claims(1)	<u>██████████</u>

**Ending Reserve**

Incurred But Not Reported (IBNR)	██████████
Margin on Reserve	██████████
Administrative Expense	██████████
<b>Total Ending Reserve(1)</b>	<u>██████████</u>

(1) Should agree with Exhibit IVB.

Claims Incurred Projection  
 Core Component  
 1/1/2001 - 12/31/2001

Exhibit IV C

Description	ADM			Participating Provider			Non Participating Provider			Total Amount
	Codes(4)	Utilization(1)	Average Fee(2)	Amount(3)	Utilization(1)	Average Fee(2)	Amount(3)	Less Deductible	Less COB	
Preventative and Diagnostic Services		290,000			168,000					
Restorations and All Other Services		123,000			56,000					
Orthodontics		15,000			22,000					
Total		428,000			246,000					
								Less Deductible		
								Less COB		
								Total Incurred Claims		

- (1) Represents the number of services.
- (2) Represents the average reimbursement amount.
- (3) Represents the Plan liability prior to COB and deductible.
- (4) Identify the list of ADA codes in each category. Please refer to page 78 of the Technical Proposal.

Claims Incurred Projection  
 Enhanced Component (Plan #1)  
 1/1/2001 - 12/31/2001

Exhibit IV, C1.

Group I	Description	ADM Codes(4)	Participating Provider			Non Participating Provider			Total Amount
			Utilization(1)	Average Fee(2)	Amount(3)	Utilization(4)	Average Fee(2)	Amount(3)	
	Preventative and Diagnostic Services		145,000	[REDACTED]	[REDACTED]	84,000	[REDACTED]	[REDACTED]	[REDACTED]
	Restorations and All Other Services		61,500	[REDACTED]	[REDACTED]	28,000	[REDACTED]	[REDACTED]	[REDACTED]
	Orthodontics		7,500	[REDACTED]	[REDACTED]	11,000	[REDACTED]	[REDACTED]	[REDACTED]
	Total		214,000	[REDACTED]	[REDACTED]	123,000	[REDACTED]	[REDACTED]	[REDACTED]
							Less Deductible	[REDACTED]	[REDACTED]
							Less COB	[REDACTED]	[REDACTED]
							Total Incurred Claims	[REDACTED]	[REDACTED]

- (1) Represents the number of services.
- (2) Represents the average incremental reimbursement amount.
- (3) Represents the Plan liability prior to COB and deductible.
- (4) Identify the list of ADA codes in each category. Please refer to page 78 of the Technical Proposal.

Core Component  
Participating Provider Schedule of Services and Utilization

ADA Code	Description	Scheduled Amount					Projected # of Services		
		Manhattan Par	Westchester Par	Other Par	Group I Non Par	Group II Non Par	Par	Non Par	Total
1	00110 Initial Exam including Charting								
2	00120 Periodic oral exam								
3	00130 Emergency oral exam								
4	00140 Limited oral evaluation-problem focused								
5	00150 Comprehensive oral evaluation								
6	00210 X-rays: Intraoral complete series								
7	00220 X-rays: Intraoral single film, first film								
8	00230 X-rays: Intraoral each additional film								
9	00270 X-rays: Bitewing first film								
10	00330 X-rays: Panoramic maxilla and mandible single film								
11	01110 Prophylaxis 12 years of age or over								
12	01120 Prophylaxis under 12 years of age								
13	01203 Topical Fluoride Treatment								
14	01204 Topical Fluoride Treatment								
15	01220 Fluoride Treatment (similar to code 01203)								
16	01230 Fluoride Treatment (similar to code 01204)								
17	01351 Sealant, per tooth								
18	02051 Restorations: Crown over implant (similar to code 02751)								
19	02110 Restorative Amalgam Restorations: One Surface, primary								
20	02120 Restorative Amalgam Restorations: Two Surfaces, primary								
21	02130 Restorative Amalgam Restorations: Three Surfaces, primary								
22	02140 Restorative Amalgam Restorations: One Service, permanent								
23	02150 Restorative Amalgam Restorations: Two surfaces, permanent								
24	02160 Restorative Amalgam Restorations: three or more surfaces, permanent								
25	02161 Restorative Amalgam Restorations: four or more surfaces, permanent								
26	02330 Resin-one surface, anterior								
27	02331 Resin-two surfaces, anterior								
28	02332 Resin-three surfaces, anterior								
29	02335 Resin-four or more surfaces or including incisal angle, anterior								
30	02381 Resin-two surfaces, posterior-primary								
31	02385 Resin, one surface, posterior-permanent								
32	02386 Resin, two surfaces, posterior-permanent								
33	02387 Resin, three or more surfaces, posterior-permanent								
34	02740 Prosthetic Services: porcelain jacket crown								
35	02750 Prosthetic Services: Crown-porcelain fused to high noble metal								
36	02751 Prosthetic Services: Crown fused to predominantly base metal								
37	02752 Prosthetic Services: Crown with porcelain fused to noble metal								
38	02780 Prosthetic Services: full cast crown fused to high noble metal								
39	02781 Prosthetic Services: full cast crown, predominantly base metal								
40	02782 Prosthetic Services: full cast crown, noble metal								
41	02891 Prosthetic Services: Post and core (similar to code 02952)								



Core Component  
Participating Provider Schedule of Services and Utilization

ADA Code	Description	Manhattan Scheduled Amount Par	Westchester Scheduled Amount Par	Other Scheduled Amount Par	Group I Scheduled Amount Non Par	Group II Scheduled Amount Non Par	Projected # of Services	
							Par	Non Par
42	02892 Prosthetic Services: Post and core (similar to code 02954)							
43	02920 Repair of Prosthetic: Crown or facing							
44	02930 Prosthetic Services: Pre-fabricated stainless steel crowns							
45	02951 Restorative Amalgam Restorations: Reinforcement pins, maximum 1 per tooth							
46	02952 Cast post and core in addition to crown							
47	02954 Inlays used as Abutments: post w/ or w/out coping							
48	03220 Therapeutic Pulpotomy (excluding final restoration)							
49	03310 Root Canal Therapy: One tooth, one canal filled							
50	03320 Root Canal Therapy: One tooth, two canal filled							
51	03330 Root Canal Therapy - 3 Canals							
52	03348 Root Canal Therapy Retreatment-3 Canals							
53	03410 Periapical Services: Apicoectomy-1st root							
54	03420 Periapical Services: Apicoectomy, including root canal filling (similar to code 03421)							
55	04210 Gingivectomy or Gingivoplasty per quadrant min 5 teeth							
56	04220 Gingival Curettage, surgical, per quadrant							
57	04258 Osseous surgery-per tooth (similar to code 04263)							
58	04260 Osseous surgery-per quadrant min 5 teeth							
59	04261 Osseous graft - single site							
60	04340 Periodontal treatment (similar to code 04355)							
61	04341 Periodontal scaling and root planing, per quadrant							
62	04345 Periodontal treatment							
63	04355 Periodontal -full mouth debridement to enable comprehensive evaluation							
64	04910 Periodontal maintenance procedure, following active therapy							
65	05110 Dentures: Full permanent upper jaw							
66	05120 Dentures: Full permanent lower jaw							
67	05130 Dentures: Immediate, maxillary							
68	05213 Partial Dentures: bilateral chrome cobalt alloy upper jaw							
69	05214 Partial Dentures: bilateral chrome cobalt alloy lower jaw							
70	05241 Partial Dentures: upper jaw (similar to code 05213)							
71	05261 Partial Dentures: upper jaw (similar to code 05214)							
72	05650 Partial Dentures: additional tooth							
73	06240 Bridge Pontics: Porcelain fused to high noble metal							
74	06241 Bridge Pontics: Porcelain fused to metal							
75	06242 Bridge Pontics: Porcelain fused to metal							
76	06545 Crowns as Abutments: Maryland bridge retainer							
77	06750 Crowns as Abutments: Full cast crown w/porcelain veneer backing							
78	06751 Prosthetic Services: Crown with porcelain fused to base metal							
79	06752 Prosthetic Services: Crown with porcelain fused to noble metal							
80	06930 Repair of Prosthetic: Two or more abutments							
81	07110 Extractions: Single tooth							
82	07120 Extractions: Each additional tooth							

May 18, 2000

Core Component  
Participating Provider Schedule of Services and Utilization

ADA Code	Description	Manhattan		Westchester		Other		Group I		Group II		Projected # of Services		
		Scheduled Amount	Par	Scheduled Amount	Par	Scheduled Amount	Par	Scheduled Amount	Non Par	Scheduled Amount	Non Par	Par	Non Par	Total
83	07210 Oral Surgery: Difficult extraction													
84	07220 Oral Surgery: Soft tissue extraction													
85	07230 Oral Surgery: Partial bony impaction													
86	07240 Oral Surgery: Completely covered by bone													
87	07241 Oral Surgery: Removal of impacted tooth, completely bony, complicated													
88	07510 Oral Surgery: Incision and drainage of abscess													
89	07950 Oral Surgery: Removal of labial frenum													
90	08020 Orthodontics: limited treatment of transitional dentition <sup>(1)</sup>													
91	08030 Orthodontics: limited treatment of adolescent dentition <sup>(1)</sup>													
92	08080 Orthodontics: comprehensive treatment of adolescent dentition <sup>(1)</sup>													
93	08399 Orthodontics <sup>(1)</sup> :													
94	08570 Orthodontics <sup>(1)</sup> :													
95	08590 Orthodontics <sup>(1)</sup> :													
96	08599 Orthodontics <sup>(1)</sup> :													
97	08670 Orthodontics: periodic treatment visit <sup>(1)</sup>													
98	08750 passive orthodontic treatment per 6 months of treatment max 18 months <sup>(1)</sup>													
99	09110 Emergency Visit (Palliative)													
100	09310 Consultation (provided by dentist other than treating dentist)													
Total														

<sup>(1)</sup> Codas will no longer be effective as of 2001; refer to CDT-3 list

1) Describe the incremental benefits offered under the Enhancement Program.

Core Program	Group 1
<p>Preferred Schedule Plus 8% Par (HIAA Cost Equivalent) / Preferred Schedule Non-Par                      No Deductible                      \$1,800 Annual Maximum (Including Orthodontia)                      \$1,998 Orthodontia Lifetime Maximum                      100% Coinsurance P&amp;D Services                      100% Coinsurance Basic Services                      100% Coinsurance on Major Services                      100% Coinsurance on Orthodontia</p>	<p><u>Proposed Enhanced Plan #1</u>                      Approx. 22% off of HIAA Mean Par and Non-Par (Preferred Cost Equivalent)                      \$25/\$75 Annual Deductible (All services except P&amp;D and Orthodontia)                      \$2,250 Annual Maximum (Not applicable to Orthodontia)                      \$2,500 Orthodontia Lifetime Maximum                      100% Coinsurance P&amp;D Services                      100% Coinsurance Basic Services                      50% Coinsurance on Major Services Par and Non-Par                      80% Coinsurance on Orthodontia Par and Non-Par</p> <p><u>Proposed Enhanced Plan #2</u>                      Approx. 22% off of HIAA Mean Par and Non-Par (Preferred Cost Equivalent)                      No Deductible                      \$2,250 Annual Maximum (Not applicable to Orthodontia)                      \$2,500 Orthodontia Lifetime Maximum                      100% Coinsurance P&amp;D Services                      100% Coinsurance Basic Services                      100% Coinsurance on Major Services Par / 50% Non-Par                      100% Coinsurance on Orthodontia Par / 50% Non-Par</p> <p><u>Proposed Enhanced Plan #3</u>                      Approx. 22% off of HIAA Mean Par and Non-Par (Preferred Cost Equivalent)                      \$25/\$75 Annual Deductible (All services except P&amp;D and Orthodontia)                      \$2,250 Annual Maximum (Not applicable to Orthodontia)                      \$2,500 Orthodontia Lifetime Maximum                      100% Coinsurance P&amp;D Services                      80% Coinsurance Basic Services Par and Non-Par                      50% Coinsurance on Major Services Par and Non-Par                      80% Coinsurance on Orthodontia Par and Non-Par</p> <p><u>Proposed Enhanced Plan #4</u>                      Preferred Schedule Plus 8% Par (HIAA Cost Equivalent) &amp; Non-Par                      \$25/\$75 Annual Deductible (All services except P&amp;D and Orthodontia)                      \$2,250 Annual Maximum (Not applicable to Orthodontia)                      \$2,500 Orthodontia Lifetime Maximum                      100% Coinsurance P&amp;D Services                      100% Coinsurance Basic Services                      100% Coinsurance on Major Services                      80% Coinsurance on Orthodontia Par and Non-Par</p>

Enhanced Component  
Benefits

Group II	
<p><b>Core Program</b></p> <p>Preferred Schedule Plus 8% Par (H/AA Cost Equivalent) / Preferred Schedule Non-Par            \$25/\$75 Annual Deductible (All services except P&amp;D and Orthodontia)            \$1,200 Annual Maximum (Including Orthodontia)            \$1,998 Orthodontia Lifetime Maximum            100% Coinsurance P&amp;D Services            100% Coinsurance-Basic Services / 80% Non-Par            100% Coinsurance on Major Services / 80% Non-Par            100% Coinsurance on Orthodontia</p>	<p><b>Proposed Enhanced Plan #1</b></p> <p>Approx. 22% off of H/AA Mean Par and Non-Par (Preferred Cost Equivalent)            \$25/\$75 Annual Deductible (All services except P&amp;D and Orthodontia)            \$2,250 Annual Maximum (Not applicable to Orthodontia)            \$2,500 Orthodontia Lifetime Maximum            100% Coinsurance P&amp;D Services            100% Coinsurance Basic Services            50% Coinsurance on Major Services Par and Non-Par            80% Coinsurance on Orthodontia Par and Non-Par</p> <p><b>Proposed Enhanced Plan #2</b></p> <p>Approx. 22% off of H/AA Mean Par and Non-Par (Preferred Cost Equivalent)            No Deductible            \$2,250 Annual Maximum (Not applicable to Orthodontia)            \$2,500 Orthodontia Lifetime Maximum            100% Coinsurance P&amp;D Services            100% Coinsurance Basic Services            100% Coinsurance on Major Services Par / 50% Non-Par            100% Coinsurance on Orthodontia Par / 50% Non-Par</p> <p><b>Proposed Enhanced Plan #3</b></p> <p>Approx. 22% off of H/AA Mean Par and Non-Par (Preferred Cost Equivalent)            \$25/\$75 Annual Deductible (All services except P&amp;D and Orthodontia)            \$2,250 Annual Maximum (Not applicable to Orthodontia)            \$2,500 Orthodontia Lifetime Maximum            100% Coinsurance P&amp;D Services            80% Coinsurance Basic Services Par and Non-Par            50% Coinsurance on Major Services Par and Non-Par            80% Coinsurance on Orthodontia Par and Non-Par</p> <p><b>Proposed Enhanced Plan #4</b></p> <p>Preferred Schedule Plus 8% Par (H/AA Cost Equivalent) &amp; Non-Par            \$25/\$75 Annual Deductible (All services except P&amp;D and Orthodontia)            \$2,250 Annual Maximum (Not applicable to Orthodontia)            \$2,500 Orthodontia Lifetime Maximum            100% Coinsurance P&amp;D Services            100% Coinsurance Basic Services            100% Coinsurance on Major Services            80% Coinsurance on Orthodontia Par and Non-Par</p>

2) Present the calculation of the incremental cost associated with each benefit.

The incremental cost were developed on a number of bases:

- increase in schedule reimbursement was developed based on increased reimbursement weighted by service frequencies on a regional basis
- plan differences (e.g. Deductible, coinsurance) were developed using current service benefit reports and modeling the appropriate plan changes.
- maximums were calculated based on actuarial continuance tables.

The following factors were used for the various incremental costs for the Enhanced Plan #1:

Proposed Enhanced Plan #1

- Approx. 22% off of HIAA Mean Par and Non-Par (Preferred Cost Equivalent)
- \$25/\$75 Annual Deductible (All services except P&D and Orthodontia)
- \$2,250 Annual Maximum (Not applicable to Orthodontia)
- \$2,500 Orthodontia Lifetime Maximum
- 100% Coinsurance P&D Services
- 100% Coinsurance Basic Services
- 50% Coinsurance on Major Services Par and Non-Par
- 80% Coinsurance on Orthodontia Par and Non-Par

Total

	Adjustment Factor*
	Group I    Group II
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

3) Fill out Exhibit IV.D.2 if proposed enhancements are applicable to this cost format.

See Exhibit IV.D.2

Enhancement Component  
Participating Provider Schedule of Services and Utilization  
Plan #1

ADA Code	Description	Manhattan			Westchester			Other			Projected # of Services	
		Scheduled Amount	Scheduled Amount	Scheduled Amount	Scheduled Amount	Scheduled Amount	Scheduled Amount	Par	Non Par	Total		
1	00110	Initial Exam including Charting										
2	00120	Periodic oral exam										
3	00130	Emergency oral exam										
4	00140	Limited oral evaluation-problem focused										
5	00150	Comprehensive oral evaluation										
6	00210	X-rays: Intraoral complete series										
7	00220	X-rays: Intraoral single film, first film										
8	00230	X-rays: Intraoral each additional film										
9	00270	X-rays: Bitewing first film										
10	00330	X-rays: Panoramic maxilla and mandible single film										
11	01110	Prophylaxis 12 years of age or over										
12	01120	Prophylaxis under 12 years of age										
13	01203	Topical Fluoride Treatment										
14	01204	Topical Fluoride Treatment										
15	01220	Fluoride Treatment (similar to code 01203)										
16	01230	Fluoride Treatment (similar to code 01204)										
17	01351	Sealant, per tooth										
18	02051	Restorations: Crown over Implant (similar to code 02751)										
19	02110	Restorative Amalgam Restorations: One Surface, primary										
20	02120	Restorative Amalgam Restorations: Two Surfaces, primary										
21	02130	Restorative Amalgam Restorations: Three Surfaces, primary										
22	02140	Restorative Amalgam Restorations: One Service, permanent										
23	02150	Restorative Amalgam Restorations: Two surfaces, permanent										
24	02160	Restorative Amalgam Restorations: three or more surfaces, permanent										
25	02161	Restorative Amalgam Restorations: four or more surfaces, permanent										
26	02330	Resin-one surface, anterior										
27	02331	Resin-two surfaces, anterior										
28	02332	Resin- three surfaces, anterior										
29	02335	Resin-four or more surfaces or including incisal angle, anterior										
30	02381	Resin-two surfaces, posterior primary										
31	02385	Resin, one surface, posterior-permanent										
32	02386	Resin, two surfaces, posterior-permanent										
33	02387	Resin, three or more surfaces, posterior-permanent										
34	02740	Prosthetic Services: porcelain jacket crown										
35	02750	Prosthetic Services: Crown-porcelain fused to high noble metal										
36	02751	Prosthetic Services: Crown fused to predominantly base metal										

May 18, 2000

Enhancement Component  
Participating Provider Schedule of Services and Utilization  
Plan #1

ADA Code	Description	Manhattan	Westchester	Other	Projected # of Services		
		Scheduled Amount	Scheduled Amount	Scheduled Amount	Par	Non Par	Total
37	02752	Prosthetic Services: Crown with porcelain fused to noble metal					
38	02790	Prosthetic Services: full cast crown fused to high noble metal					
39	02791	Prosthetic Services: full cast crown, predominantly base metal					
40	02792	Prosthetic Services: full cast crown, noble metal					
41	02891	Prosthetic Services: Post and core (similar to code 02952)					
42	02892	Prosthetic Services: Post and core (similar to code 02954)					
43	02920	Repair of Prosthetic: Crown or facing					
44	02930	Prosthetic Services: Pre-fabricated stainless steel crowns					
45	02951	Restorative Amalgam Restorations: Reinforcement pins, maximum 1 per tooth					
46	02952	Cast post and core in addition to crown					
47	02954	Inlays used as Abutments: post w/ or w/out coping					
48	03220	Therapeutic Pulpotomy (excluding final restoration)					
49	03310	Root Canal Therapy: One tooth, one canal filled					
50	03320	Root Canal Therapy: One tooth, two canal filled					
51	03330	Root Canal Therapy: 3 Canals					
52	03348	Root Canal Therapy Retreatment: 3 Canals					
53	03410	Periapical Services: Apicoectomy-1st root					
54	03420	Periapical Services: Apicoectomy, including root canal filling (similar to code 03421)					
55	04210	Gingivectomy or Gingivoplasty per quadrant min 5 teeth					
56	04220	Gingival Curettage, surgical, per quadrant					
57	04259	Osseous surgery-per tooth (similar to code 04263)					
58	04260	Osseous surgery-per quadrant min 5 teeth					
59	04261	Osseous graft - single site					
60	04340	Periodontal treatment (similar to code 04355)					
61	04341	Periodontal scaling and root planning, per quadrant					
62	04345	Periodontal treatment					
63	04355	Periodontal -full mouth debridement to enable comprehensive evaluation					
64	04910	Periodontal maintenance procedure, following active therapy					
65	05110	Dentures: Full permanent upper jaw					
66	05120	Dentures: Full permanent lower jaw					
67	05130	Dentures: Immediate, maxillary					
68	05213	Partial Dentures: bilateral chrome cobalt alloy upper jaw					
69	05214	Partial Dentures: bilateral chrome cobalt alloy lower jaw					
70	05241	Partial Dentures: upper jaw (similar to code 05213)					
71	05261	Partial Dentures: upper jaw (similar to code 05214)					
72	05650	Partial Dentures: additional tooth					

Enhancement Component  
Participating Provider Schedule of Services and Utilization  
Plan #1

ADA Code	Description	Manhattan	Westchester	Other	Projected # of Services		
		Scheduled Amount	Scheduled Amount	Scheduled Amount	Par	Non Par	Total
73	06240	Bridge Pontics: Porcelain fused to high noble metal					
74	06241	Bridge Pontics: Porcelain fused to metal					
75	06242	Bridge Pontics: Porcelain fused to metal					
76	06545	Crowns as Abutments: Maryland bridge retainer					
77	06750	Crowns as Abutments: Full cast crown w/porcelain veneer backing					
78	06751	Prosthetic Services: Crown with porcelain fused to base metal					
79	06752	Prosthetic Services: Crown with porcelain fused to noble metal					
80	06930	Repair of Prosthetic: Two or more abutments					
81	07110	Extractions: Single tooth					
82	07120	Extractions: Each additional tooth					
83	07210	Oral Surgery: Difficult extraction					
84	07220	Oral Surgery: Soft tissue extraction					
85	07230	Oral Surgery: Partial bony impaction					
86	07240	Oral Surgery: Completely covered by bone					
87	07241	Oral Surgery: Removal of impacted tooth, completely bony, complicated					
88	07510	Oral Surgery: Incision and drainage of abscess					
89	07960	Oral Surgery: Removal of labial frenum					
90	08020	Orthodontics: limited treatment of transitional dentition <sup>(1)</sup>					
91	08030	Orthodontics: limited treatment of adolescent dentition <sup>(1)</sup>					
92	08080	Orthodontics: comprehensive treatment of adolescent dentition <sup>(1)</sup>					
93	08399	Orthodontics <sup>(1)</sup> :					
94	08570	Orthodontics <sup>(1)</sup> :					
95	08590	Orthodontics <sup>(1)</sup> :					
96	08599	Orthodontics <sup>(1)</sup> :					
97	08670	Orthodontics: periodic treatment visit <sup>(1)</sup>					
98	08750	passive orthodontic treatment per 6 months of treatment max 18 months <sup>(1)</sup>					
99	09110	Emergency Visit (Palliative)					
100	09310	Consultation (provided by dentist other than treating dentist)					
Total							

<sup>(1)</sup> Codes will no longer be effective as of 2001; refer to CDT-3 list

May 18, 2000



Enhancement Component  
 Non Participating Provider Schedule of Services and Utilization  
 Plan #1

ADA Code	Description	Manhattan	Westchester	Other	Projected # of Services	
		Scheduled Amount	Scheduled Amount	Scheduled Amount	Par	Non Par Total
1	00110 Initial Exam including Charting					
2	00120 Periodic oral exam					
3	00130 Emergency oral exam					
4	00140 Limited oral evaluation-problem focused					
5	00150 Comprehensive oral evaluation					
6	00210 X-rays: Intraoral complete series					
7	00220 X-rays: Intraoral single film, first film					
8	00230 X-rays: Intraoral each additional film					
9	00270 X-rays: Bitewing first film					
10	00330 X-rays: Panoramic maxilla and mandible single film					
11	01110 Prophylaxis 12 years of age or over					
12	01120 Prophylaxis under 12 years of age					
13	01203 Topical Fluoride Treatment					
14	01204 Topical Fluoride Treatment					
15	01220 Fluoride Treatment (similar to code 01203)					
16	01230 Fluoride Treatment (similar to code 01204)					
17	01351 Sealant, per tooth					
18	02051 Restorations: Crown over Implant (similar to code 02751)					
19	02110 Restorative Amalgam Restorations: One Surface, primary					
20	02120 Restorative Amalgam Restorations: Two Surfaces, primary					
21	02130 Restorative Amalgam Restorations: Three Surfaces, primary					
22	02140 Restorative Amalgam Restorations: One Service, permanent					
23	02150 Restorative Amalgam Restorations: Two surfaces, permanent					
24	02160 Restorative Amalgam Restorations: three or more surfaces, permanent					
25	02161 Restorative Amalgam Restorations: four or more surfaces, permanent					
26	02330 Resin-one surface, anterior					
27	02331 Resin-two surfaces, anterior					
28	02332 Resin- three surfaces, anterior					
29	02335 Resin-four or more surfaces or including incisal angle, anterior					
30	02381 Resin-two surfaces, posterior primary					
31	02385 Resin, one surface, posterior-permanent					
32	02386 Resin, two surfaces, posterior-permanent					
33	02387 Resin, three or more surfaces, posterior-permanent					
34	02740 Prosthetic Services: porcelain jacket crown					
35	02750 Prosthetic Services: Crown-porcelain fused to high noble metal					
36	02751 Prosthetic Services: Crown fused to predominantly base metal					

May 18, 2000

Enhancement Component  
 Non Participating Provider Schedule of Services and Utilization  
 Plan #1

ADA Code	Description	Scheduled Amount			Projected # of Services			
		Manhattan	Westchester	Other	Par	Non Par	Total	
37	02752	Prosthetic Services:Crown with porcelain fused to noble metal						
38	02790	Prosthetic Services:full cast crown fused to high noble metal						
39	02791	Prosthetic Services:full cast crown, predominantly base metal						
40	02792	Prosthetic Services:full cast crown, noble metal						
41	02891	Prosthetic Services: Post and core (similar to code 02952)						
42	02892	Prosthetic Services:Post and core (similar to code 02954)						
43	02920	Repair of Prosthetic:Crown or facing						
44	02930	Prosthetic Services:Pre-fabricated stainless steel crowns						
45	02951	Restorative Amalgam Restorations:Reinforcement pins, maximum 1 per tooth						
46	02952	Cast post and core in addition to crown						
47	02954	Inlays used as Abutments: post w/lor w/out coping						
48	03220	Therapeutic Pulpotomy (excluding final restoration)						
49	03310	Root Canal Therapy: One tooth, one canal filled						
50	03320	Root Canal Therapy: One tooth, two canal filled						
51	03330	Root Canal Therapy - 3 Canals						
52	03348	Root Canal Therapy Retreatment-3 Canals						
53	03410	Periapical Services:Apicoectomy-1st root						
54	03420	Periapical Services: Apicoectomy, including root canal filling (similar to code 03421)						
55	04210	Gingivectomy or Gingivoplasty per quadrant min 5 teeth						
56	04220	Gingival Curettage, surgical, per quadrant						
57	04259	Osseous surgery-per tooth (similar to code 04263)						
58	04260	Osseous surgery-per quadrant min 5 teeth						
59	04261	Osseous graft - single site						
60	04340	Periodontal treatment (similar to code 04355)						
61	04341	Periodontal scaling and root planing, per quadrant						
62	04345	Periodontal treatment						
63	04355	Periodontal -full mouth debridement to enable comprehensive evaluation						
64	04910	Periodontal maintenance procedure, following active therapy						
65	05110	Dentures: Full permanent upper jaw						
66	05120	Dentures: Full permanent lower jaw						
67	05130	Dentures: Immediate, maxillary						
68	05213	Partial Dentures: bilateral chrome cobalt alloy upper jaw						
69	05214	Partial Dentures: bilateral chrome cobalt alloy lower jaw						
70	05241	Partial Dentures: upper jaw (similar to code 05213)						
71	05261	Partial Dentures: upper jaw (similar to code 05214)						
72	05650	Partial Dentures: additional tooth						

Enhancement Component  
 Non Participating Provider Schedule of Services and Utilization  
 Plan #1

ADA Code	Description	Manhattan	Westchester	Other	Projected # of Services	
		Scheduled Amount	Scheduled Amount	Scheduled Amount	Par	Non Par Total
73	06240 Bridge Pontics: Porcelain fused to high noble metal					
74	06241 Bridge Pontics: Porcelain fused to metal					
75	06242 Bridge Pontics: Porcelain fused to metal					
76	06545 Crowns as Abutments: Maryland bridge retainer					
77	06750 Crowns as Abutments: Full cast crown w/porcelain veneer backing					
78	06751 Prosthetic Services: Crown with porcelain fused to base metal					
79	06752 Prosthetic Services: Crown with porcelain fused to noble metal					
80	06930 Repair of Prosthetic: Two or more abutments					
81	07110 Extractions: Single tooth					
82	07120 Extractions: Each additional tooth					
83	07210 Oral Surgery: Difficult extraction					
84	07220 Oral Surgery: Soft tissue extraction					
85	07230 Oral Surgery: Partial bony impaction					
86	07240 Oral Surgery: Completely covered by bone					
87	07241 Oral Surgery: Removal of impacted tooth, completely bony, complicated					
88	07510 Oral Surgery: Incision and drainage of abscess					
89	07960 Oral Surgery: Removal of labial frenum					
90	08020 Orthodontics: limited treatment of transitional dentition <sup>(1)</sup>					
91	08030 Orthodontics: limited treatment of adolescent dentition <sup>(1)</sup>					
92	08080 Orthodontics: comprehensive treatment of adolescent dentition <sup>(1)</sup>					
93	08399 Orthodontics <sup>(1)</sup>					
94	08570 Orthodontics <sup>(1)</sup>					
95	08590 Orthodontics <sup>(1)</sup>					
96	08599 Orthodontics <sup>(1)</sup>					
97	08670 Orthodontics: periodic treatment visit <sup>(1)</sup>					
98	08750 passive orthodontic treatment per 6 months of treatment max 18 months <sup>(1)</sup>					
99	09110 Emergency Visit (Palliative)					
100	09310 Consultation (provided by dentist other than treating dentist)					
Total						

<sup>(1)</sup> Codes will no longer be effective as of 2001; refer to CDT-3 list



**RETIREE PROGRAM**  
**QUARTERLY PREMIUMS FOR THE PERIOD 1/1/2001 - 12/31/2001**  
**FULLY EXPERIENCE RATED AND FULLY PARTICIPATING**

Exhibit IV.F  
Page 1 of 3

**PLAN #1**

Period 1/1/2001 - 12/31/2001	Enrollee	Enrollee & Spouse	Family	Total
Quarterly Premium Rates	██████████	██████████	██████████	
Multiply by: 4 Quarters	@ 4	@ 4	@ 4	
Annual Unit Premium	██████████	██████████	██████████	
Multiply by: Assumed Enrollment (1)	1,800	1,000	200	
Total Projected Premium	██████████	██████████	██████████	██████████

(1) Allocation among coverages based on the current distribution of coverages.

RETIREE PROGRAM  
 QUARTERLY PREMIUMS FOR THE PERIOD 1/1/2001 - 12/31/2001  
 FULLY EXPERIENCE RATED AND FULLY PARTICIPATING

Exhibit IV.F  
 Page 2 of 3

PLAN #2

Period 1/1/2001 - 12/31/2001	Enrollee	Enrollee & Spouse	Family	Total
Quarterly Premium Rates	██████████	██████████	██████████	
Multiply by: 4 Quarters	@ 4	@ 4	@ 4	
Annual Unit Premium	██████████	██████████	██████████	
Multiply by: Assumed Enrollment (1)	1,800	1,000	200	
Total Projected Premium	██████████	██████████	██████████	██████████

(1) Allocation among coverages based on the current distribution of coverages.

**RETIREE PROGRAM  
 QUARTERLY PREMIUMS FOR THE PERIOD 1/1/2001 - 12/31/2001  
 FULLY EXPERIENCE RATED AND FULLY PARTICIPATING**

Exhibit IV.F  
 Page 3 of 3

**PLAN #3**

Period 1/1/2001 - 12/31/2001	Enrollee	Enrollee & Spouse	Family	Total
Quarterly Premium Rates	██████████	██████████	██████████	
Multiply by: 4 Quarters	@ 4	@ 4	@ 4	
Annual Unit Premium	██████████	██████████	██████████	
Multiply by: Assumed Enrollment (1)	1,800	1,000	200	
Total Projected Premium	██████████	██████████	██████████	██████████

(1) Allocation among coverages based on the current distribution of coverages.

**Retiree Program (Plan #1)**  
**Projected Financial Experience Statement(1)**  
**For the Period 1/1/2001 - 12/31/2001**  
**Fully Experience Rated and Fully Participating**

Premium		[REDACTED]
Claims		
Net Paid Claims	[REDACTED]	
Plus: Ending Reserves(2)	[REDACTED]	
<u>Less: Beginning Reserves</u>	[REDACTED]	
Incurring Claims		[REDACTED]
Retention		
Total Administrative Fee	[REDACTED]	
<u>Other</u>	[REDACTED]	
Total Retention		[REDACTED]
Gain/(Loss)(3)		[REDACTED]

**Footnotes:**

- (1) Please complete this statement assuming it is 3/15/2002 and your pricing assumptions are realized.
- (2) Include IBNR as well as any margin and administrative expenses on the reserves.
- (3) Assuming pricing assumptions are realized, this represents the margin load, if any, less any margin included in the Ending Reserves.



Components of the Net Paid Claims and Ending Claim Reserve  
As of 12/31/2001

Retiree Dental Program (Plan #1)	Total
<b>Net Paid Claims</b>	
Net Paid Claims(1)	<u>                    </u>
<b>Ending Reserve</b>	
Incurred But Not Reported (IBNR)	<u>                    </u>
Margin on Reserve	<u>                    </u>
Administrative Expense	<u>                    </u>
Total Ending Reserve(1)	<u>                    </u>

(1) Should agree with Exhibit IV.G.

Claims Incurred Projection  
 Retiree Program  
 1/1/2001 - 12/31/2001

Exhibit IV H

Description	ADM			Non Participating Provider			Total Amount
	Codes	Utilization(1)	Average Fee(2)	Utilization(1)	Average Fee(2)	Amount(3)	
Preventative and Diagnostic Services		██████████	██████████	██████████	██████████	██████████	██████████
Restorations and All Other Services		██████████	██████████	██████████	██████████	██████████	██████████
Total		██████████	██████████	14,187	██████████	██████████	██████████
					Less Deductible	██████████	██████████
					Less COB	██████████	██████████
					Total Incurred Claims	██████████	██████████

- (1) Represents the number of services.
- (2) Represents the average reimbursement amount.
- (3) Represents the Plan liability prior to COB and deductible.

Retiree Program  
Participating Provider Schedule of Services and Utilization

ADA Code	Description	Manhattan			Westchester			Other			Projected # of Services	
		Scheduled Amount Par	Scheduled Amount Par	Scheduled Amount Par	Scheduled Amount Non Par	Scheduled Amount Par	Scheduled Amount Non Par	Scheduled Amount Par	Scheduled Amount Non Par	Par	Non Par	Total
1	00110 Initial Exam including Charting											
2	00120 Periodic oral exam											
3	00130 Emergency oral exam											
4	00140 Limited oral evaluation-problem focused											
5	00150 Comprehensive oral evaluation											
6	00210 X-rays: Intraoral complete series											
7	00220 X-rays: Intraoral single film, first film											
8	00230 X-rays: Intraoral each additional film											
9	00270 X-rays: Bitewing first film											
10	00330 X-rays: Panoramic maxilla and mandible single film											
11	01110 Prophylaxis 12 years of age or over											
12	01120 Prophylaxis under 12 years of age											
13	01203 Topical Fluoride Treatment											
14	02051 Restorations: crown over implant (similar to code 02751)											
15	02140 Restorative Amalgam Restorations: One Service											
16	02150 Restorative Amalgam Restorations: Two surfaces, one tooth											
17	02160 Restorative Amalgam Restorations: three or more surfaces, one tooth											
18	02161 Restorative Amalgam Restorations: four or more surfaces, permanent											
19	02330 Restorative Amalgam Restorations: Composite filling											
20	02331 Restorative Amalgam Restorations: Two fillings, same tooth											
21	02332 Restorative Amalgam Restorations: Maximum per tooth											
22	02335 Resin-four or more surfaces or including incisal angle, anterior											
23	02385 Resin, one surface, posterior-permanent											
24	02386 Resin, two surfaces, posterior-permanent											
25	02387 Resin, three or more surfaces, posterior-permanent											
26	02740 Prosthetic Services: porcelain jacket crown											
27	02750 Prosthetic Services: Crown with porcelain veneer											
28	02751 Prosthetic Services: Crown											
29	02752 Prosthetic Services: Crown with porcelain fused to noble metal											
30	02790 Prosthetic Services: full cast crown											
31	02791 Prosthetic Services: full cast crown, predominantly base metal											
32	02792 Prosthetic Services: full cast crown, noble metal											
33	02891 Prosthetic Services: Post and core (similar to code 02952)											
34	02892 Prosthetic Services: Post and core (similar to code 02954)											
35	02920 Repair of Prosthetic: Crown or facing											
36	02952 Cast post and core in addition to crown											
37	02954 Inlays used as Abutments: post w/ou coping											
38	03310 Root Canal Therapy: One tooth, one canal filled											

May 18, 2000

Retiree Program  
Participating Provider Schedule of Services and Utilization

ADA Code	Description	Manhattan			Westchester			Other			Projected # of Services			
		Scheduled Amount	Par	Non Par	Scheduled Amount	Par	Non Par	Scheduled Amount	Par	Non Par	Par	Non Par	Total	
39	03320 Root Canal Therapy: One tooth, two canal filled													
40	03330 Root Canal Therapy - 3 Canals													
41	03347 Root Canal Therapy													
42	03348 Root Canal Therapy Retreatment: 3 Canals													
43	03420 Periapical Services: Apicoectomy, including root canal filling													
44	04210 Gingivectomy or Gingivoplasty per quadrant min 5 teeth													
45	04220 Gingival Curettage, surgical, per quadrant													
46	04259 Osseous surgery-per tooth (similar to code 04263)													
47	04260 Osseous surgery-per quadrant min 5 teeth													
48	04261 Osseous graft - single site													
49	04340 Periodontal treatment (similar to code 04355)													
50	04341 Periodontal scaling and root planning, per quadrant													
51	04345 Periodontal treatment													
52	04910 Periodontal maintenance procedure, following active therapy													
53	05110 Dentures: Full permanent upper jaw													
54	05120 Dentures: Full permanent lower jaw													
55	05130 Dentures: Immediate, maxillary													
56	05140 Dentures													
57	05211 Partial Dentures, upper jaw													
58	05213 Partial Dentures: bilateral chrome cobalt alloy upper jaw													
59	05214 Partial Dentures: bilateral chrome cobalt alloy lower jaw													
60	05216 Partial Dentures <sup>(1)</sup>													
61	05218 Partial Dentures <sup>(1)</sup>													
62	05231 Partial Dentures <sup>(1)</sup>													
63	05240 Partial Dentures <sup>(1)</sup>													
64	05241 Partial Dentures: upper jaw (similar to code 05213)													
65	05251 Partial Dentures <sup>(1)</sup>													
66	05260 Partial Dentures <sup>(1)</sup>													
67	05261 Partial Dentures: upper jaw (similar to code 05214)													
68	05292 Partial Dentures, upper jaw <sup>(1)</sup>													
69	05294 Partial Dentures, upper jaw <sup>(1)</sup>													
70	05630 Repair of Prosthetic: broken clasp													
71	05640 Repair of Prosthetic: replace broken teeth in denture													
72	05650 Partial Dentures: additional tooth													
73	05660 Partial Dentures: new clasp to existing partial denture													
74	05750 Partial Dentures: rebasing or relining, full upper jaw													
75	05751 Partial Dentures: rebasing or relining, full lower jaw													

Retiree Program  
Participating Provider Schedule of Services and Utilization

ADA Code	Description	Manhattan		Westchester		Other		Scheduled Amount		Projected # of Services	
		Par	Non Par	Par	Non Par	Par	Non Par	Par	Non Par	Par	Non Par
76	05760 Partial Dentures: rebasings or relining, partial upper jaw										
77	05761 Partial Dentures: rebasing or relining, partial lower jaw										
78	06051 Crown over implant (similar to code 02751)										
79	06240 Bridge Pontics: Porcelain fused to high noble metal										
80	06241 Bridge Pontics: Porcelain fused to metal										
81	06242 Bridge Pontics: Porcelain fused to metal										
82	06640 Repair of Prosthetics: replace facing on pontic or crown <sup>(1)</sup>										
83	06750 Crowns as Abutments: Full cast crown w/porcelain veneer backing										
84	06751 Prosthetic Services: Crown with porcelain fused to base metal										
85	06752 Prosthetic Services: Crown with porcelain fused to noble metal										
86	06791 Crowns: full cast with base metal										
87	06930 Repair of Prosthetic: Two or more abutments										
88	07110 Extractions: Single tooth										
89	07120 Extractions: Each additional tooth										
90	07210 Oral Surgery: Difficult extraction										
91	07230 Oral Surgery: Partial bony impaction										
92	07240 Oral Surgery: Completely covered by bone										
93	07250 Oral Surgery										
94	08030 Orthodontics: limited treatment of adolescent dentition <sup>(1)</sup>										
95	08399 Orthodontics <sup>(1)</sup>										
96	08590 Orthodontics <sup>(1)</sup>										
97	08599 Orthodontics <sup>(1)</sup>										
98	08670 Orthodontics: periodic treatment visit <sup>(1)</sup>										
99	09110 Emergency Visit (Palliative)										
100	09310 Consultation (provided by dentist other than treating dentist)										
Total											

<sup>(1)</sup> Codes will no longer be in effect as of 2001; refer to CDT-3 list

**Retiree Program (Plan #1)  
Retention Exhibit  
for the Period 1/1/2001 - 12/31/2001**

Exhibit IV.J

Administrative Fees

Administrative Fee  
Claim Processing on Runout Claims  
Subtotal

State Premium Tax  
Income Tax  
All Other Taxes ("Describe")  
Risk Charges  
Contribution to Surplus  
NYS Ins. Department Assessment  
Other Retention(2)

Total Retention(3)

<u>Amount</u>	<u>Basis of Charge(1)</u>
[REDACTED]	Per Contract Per Month
[REDACTED] (4)	
[REDACTED]	[REDACTED] of Premium
[REDACTED]	[REDACTED] of Premium
[REDACTED]	[REDACTED] of Premium
[REDACTED]	[REDACTED] of Premium
[REDACTED]	[REDACTED] of Premium
[REDACTED]	

- (1) State the basis and applicable factor by which each charge is assessed to the Dental Program. Such factors may include a flat fee, amount per contract, % of premium, amount per claim, % of net premium, etc.
- (2) List separately and explain in detail other retention charges not previously listed.  
Statutory Reserve
- (3) Should match Total Retention amount shown in Exhibit IV.G.
- (4) The runout claims expenses are included in the claim reserves.