

### COST PROPOSAL

# 

SUBMITTED BY

GHI May 2000





### **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

### **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:

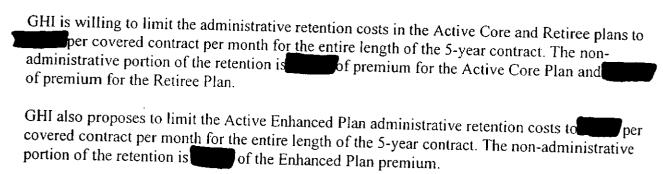
- As a direct result of the cost-effectiveness of the Dental program, GHI has been able to maintain relatively level premium rates for the past four fiscal years (fiscal year 1997 through fiscal year 2000).
- GHI has agreed to retention levels which are below comparable programs.

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



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### **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.

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All Retiree programs shall be settled in common.

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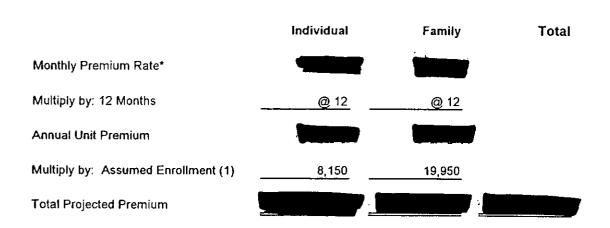
\* ...

	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			

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

Exhibit IV.A1.
Page 1 of 4

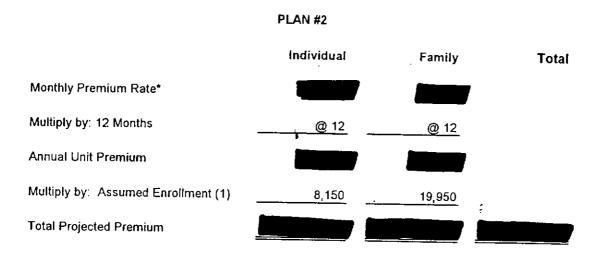
#### PLAN #1



<sup>\*</sup> Premium rates represent the incremental cost above the Core Program premium rates.

<sup>(1)</sup> 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.

Exhibit IV.A1. Page 2 of 4



<sup>\*</sup> Premium rates represent the incremental cost above the Core Program premium rates.

<sup>(1)</sup> 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.

Exhibit IV.A1. Page 3 of 4



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

<sup>\*</sup> Premium rates represent the incremental cost above the Core Program premium rates.

<sup>(1)</sup> 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.

Exhibit IV.A1. Page 4 of 4

### PLAN #4

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

<sup>\*</sup> Premium rates represent the incremental cost above the Core Program premium rates.

<sup>(1)</sup> 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

#### **Claims**

**Net Paid Claims** 

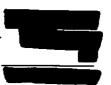
Plus: Ending Reserves(2) Less: Beginning Reserves

Incurred Claims

#### Retention

Total Administrative Fee
Cash Flow Charge (Credit)\*
Other
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 creditied in the annual fiancial statement, however, for the purpose of establishing the premium rates, we are using cash flow charge/(credit) of the nour financial exhibits.

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

		6																													_		0	00	7(	81	May	
Total	31-Dec-01	15-Dec-01	01-Dec-00	30-Nov-01	15-Nov-01	01-Nov-00	30-Oct-01	15-Oct-01	01-Oct-00	30-Sep-01	15-Sep-01	01-Sep-00	31-Aug-01	15-Aug-01	01-Aug-00	31-Jul-01	15-Jul-01	01-Jul-00	30-Jun-01	15-Jun-01	01-Jun-00	31-May-01	15-May-01	01-May-00	30-Apr-01	15-Apr-01	01-Apr-00	31-Mar-01	15-Mar-01	01-Mar-00	29-Feb-01	15-Feb-01	01-Feb-00	31-Jan-01	15-Jan-01	01-Jan-00	Date	
																						1															Premium Received	
																					<u> </u>													ļ			Claims	
				i																				t									•	ļ			Expenses Paid	1
																																					Subtotal Balance	,
														<b>!</b>						<u> </u>																	Interest at 6% [1]	
																																					Ending Balance	

<sup>[1]</sup> The Three Month US Treasury Bill rate, adjusted on a monthly basis shall be used for crediting and charging interest to the Cash Account.

<sup>[2]</sup> For illustrative purpose only. We recognize that the cash flow charges/(credit) which may be produced by the actual experience will be charged \$0 in our financial exibits. or credited in the annual financial statement, however, for the purpose of establishing the premium rates, we are using cash flow charge/(credit) of

# 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

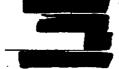
### **Premium**



### **Claims**

**Net Paid Claims** 

Plus: Ending Reserves(2)
Less: Beginning Reserves
Incurred Claims



#### Retention

Total Administrative Fee Cash Flow Charge (Credit)\* Other 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 creditied in the annual fiancial statement, however, for the purpose of establishing the premium rates, we are using cash flow charge/(credit) of the purpose of establishing the premium rates, we are using cash flow charge/(credit) of the purpose of establishing the premium rates.

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### **Core Component**

**Net Paid Claims** 

Net Paid Claims(1)

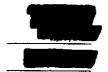
Total

3

### **Ending Reserve**

Incurred But Not Reported (IBNR) Margin on Reserve Administrative Expense

Total Ending Reserve(1)



### **Enhancement Component (Plan #1)**

**Net Paid Claims** 

Net Paid Claims(1)





### **Ending Reserve**

Incurred But Not Reported (IBNR) Margin on Reserve Administrative Expense

Total Ending Reserve(1)



(1) Should agree with Exhibit IVB.

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

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

	Total 214	Orthodontics 7	Restorations and All Other Services 61	Preventative and Diagnostic Services	ADM Codes(4) Utilizati
	214,000	7,500	61,500	145,000	ADM Participating Provider  Codes(4) Utilization(1) Average Fee(2) Amount(3)
· <u>·</u> . ,					•
To Le	123 000	11,000	28,000	84,000	Non Pa Utilization(1)
Less Deductible Less COB Total Incurred Claims					Participating Provider Average Fee(2) Amount(3)
					Total Amount

Represents the number of services.
 Represents the average incremental relmbursement amount.
 Represents the Plan liability prior to COB and deductible.
 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

L						Postbath Sandrage Post and one (similar to code 02952)	02891	4
					-	Prosthetic Services:full cast crown, noble metal	02792	8
						Prosthetic Services:full cast crown, predominantly base metal	02791	39
						Prosthetic Services:full cast crown fused to high noble metal	02780	38
						Prosthetic Services:Crown with porcelain fused to noble metal	02752	37
						Prosthetic Services:Crown fused to predominantly base metal	02751	36
						Prosthetic Services:Crown-porcelain fused to high noble metal	02750	35
					_	Prosthetic Services: porcelain jacket crown	02740	¥
						Resin, three or more surfaces, posterior-permanent	02387	33
_ !						Resin, two surfaces, posterior-permanent	02386	32
						Resin, one surface, posterior-permanent	02385	31
						Resin-two surfaces, posterior primary	02381	30
					_	Resin-four or more surfaces or including incisal angle, anterior	02335	29
						Resin-three surfaces, anterior	02332	28
						Resin-two surfaces, enterior	02331	27
						Resin-one surface, anterior	02330	26
						Restorative Amalgam Restorations:four or more surfaces, permanent	02161	25
						Restorative Amelgam Restorations:three or more surfaces, permanent	02160	24
						Restorative Amalgam Restorations: Two surfaces, permanent	02150	23
					-	Restorative Amalgam Restorations: One Service, permanent	02140	R
						Restorative Amalgam Restorations: Three Surfaces, primary	02130	2
						Restorative Amalgam Restorations: Two Surfaces, primary	02120	20
						Restorative Amaigam Restorations: One Surface, primary	02110	19
				1		Restorations: Crown over Implant (similar to code 02751)	02051	18
						Sealant, per tooth	01351	17
						Fluoride Treatment (similar to code 01204)	01230	16
						Fluoride Treatment (similar to code 01203)	01220	15
				-		Topical Fluoride Treatment	01204	14
						Topical Fluorida Treatment	01203	13
						Prophylaxis under 12 years of age	01120	12
						Prophylaxis 12 years of age or over	01110	11
						X-rays: Panoramic maxilla and mandible single film	00330	10
						X-rays: Bitewing first film	00270	9
			V			X-rays: Intraoral each additional film	00230	8
7						X-rays: Intraoral single film, first film	00220	7
				1		X-rays: Intraoral complete series	00210	6
						Comprehensive oral evaluation	00150	5
	3					Limited oral evaluation-problem focused	00140	₽
			2			Emergency oral exam	00130	ω
						Periodic oral exam	00120	2
						Initial Exam including Charting	00110	-
Par Non Par	Non Par	Non Par	Par	Par	Par	Description	ADA Code	-
100000000000000000000000000000000000000	Amount	Amount	Amount	Amount	Amount			•

Core Component
Participating Provider Schedule of Services and Utilization

ADA Code Description Particle Community (Similar to code 02554)  ADA Code Description Analgam (According to Code 02554)  APOUNT ACCORDING TO CODE (ACCORDING TO CODE 02554)  ACCORDING TO CODE (ACCORDING TO CODE 02555)  ACCORDING TO CODE 02555  ACCORDI		
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ADA Code Description  O2892 Prosthetic Services:Post and core (similar to code 02854)  O2892 Repair of Prosthetic-Crown or facing  O2893 Prosthetic Services:Pro-flabricated stainless steel crowns  O2894 Repair of Prosthetic-Crown or facing  O2993 Prosthetic Services:Pro-flabricated stainless steel crowns  O2994 Restorative Analogam Restorations:Reinforcement pins, maximum 1 per tooth  O2995 Cast post and core in addition to crown  O2994 Inlays used as Abutments; post wfor w/out cooling  O3310 Root Canal Therapy: One tooth, one canal filled  O3320 Root Canal Therapy: One tooth, two canal filled  O3330 Root Canal Therapy Preferesiment-3 Canals  O3348 Root Canal Therapy Retresiment-3 Canals  O3410 Pentapical Services:Apicoectomy. Ist root  O4200 Ginghvetcomy or Ginghvoplasty per quadrant min 5 teeth  O4220 Ginghvetcomy or Ginghvoplasty per quadrant min 5 teeth  O4260 Osseous surgery-per tooth (similar to code 04263)  O4261 Osseous surgery-per tooth (similar to code 04263)  O4261 Osseous surgery-per tooth (similar to code 04263)  O4341 Penidontal maintenance procedure, following active therapy  O5110 Dentures: Full permanent lower jaw  O5121 Dentures: Unperlament in procedure, following active therapy  O5214 Partial Dentures: bilateral chrome cobalt alloy lower jaw  O5215 Partial Dentures: bilateral chrome cobalt alloy lower jaw  O5216 Partial Dentures: editional code 05214)  O6360 Partial Dentures: delitional tooth  O6261 Bidige Pontics: Porcelain fused to high noble metal  O6261 Bidige Pontics: Porcelain fused to high noble metal		
ADA Code Description  O2892 Prosthetic Services: Post and core (similar to code 02854)  O2892 Repair of Prosthetic-Crown or facing  O2993 Prosthetic Services: Pro-fabricated stainless steel crowns  O2994 Repair of Prosthetic-Crown or facing  O2995 Repair of Prosthetic-Crown or facing  O2995 Prosthetic Services: Pro-fabricated stainless steel crowns  O2995 Repair of Prosthetic Services: Pro-fabricated stainless steel crowns  O2995 Repair of Prosthetic Services: Pro-fabricated stainless steel crowns  O2995 Repair of Prosthetic Services: Pro-fabricated stainless steel crowns  O2995 Cast post and core in addition to crown  O2995 Cast post and core in addition to crown  O2995 Cast post and core in addition to crown  O2995 Cast post and core in addition to crown  O2995 Cast post and core in addition to crown  O2995 Repair of Prosthetic Services: Pro-fabrication filled  O3310 Root Canal Therapy: One tooth, one canal filled  O3320 Root Canal Therapy: One tooth, one canal filled  O3320 Root Canal Therapy: One tooth, two canal filled  O3320 Root Canal Therapy: One tooth, two canal filled  O3320 Root Canal Therapy: One tooth, two canal filled  O3320 Root Canal Therapy: One tooth, one canal filled  O3320 Root Canal Therapy: One tooth toode O4263  O320 Root Canal Therapy: One tooth toode O4263  O3210 Pentapical Services: Apicoectomy: 1st root  O3210 Pentapical Services: Apicoectomy: 1st root  O3220 Canal Therapy: One tooth (similar to code O4263)  O4220 Canal Therapy: One tooth (similar to code O4263)  O4230 Pendodntal treatment  O4230 Pendodntal treatment  O4231 Pendodntal treatment  O4240 Pendodntal treatment		
ADA Code Description  O2892 Prosthetic Services: Post and core (similar to code 02954)  O2892 Prosthetic Services: Prost and core (similar to code 02954)  O2893 Prosthetic Services: Pro-fabricated stainless steel crowns  O2894 Prosthetic Services: Pro-fabricated stainless steel crowns  O2895 Repair of Prosthetic Services: Referencement pins, maximum 1 per tooth  O2895 Prosthetic Services: Referencement pins, maximum 1 per tooth  O2895 Restorative Amalgam Restorations: Reinforcement pins, maximum 1 per tooth  O2895 Prost Canel Therapy: One tooth, one canel filled  O3310 Root Canel Therapy: One tooth, two canel filled  O3320 Root Canel Therapy: One tooth, two canel filled  O3330 Root Canel Therapy: Acceptomy, including root canel filling (similar to code 03410 Periapical Services: Apicoectomy, including root canel filling (similar to code 03420 Canels Services: Apicoectomy, including root canel filling (similar to code 04260 Canels Canels Services: Apicoectomy, including root canel filling (similar to code 04260 Canels Canels Services: Apicoectomy, including root canel filling (similar to code 04260 Canels Canels Canels Services: Apicoectomy, including root canel filling (similar to code 04260 Canels Ca		
ADA Code Description  O2892 Prosthetic Services:Post and core (similar to code 02954)  O2892 Prosthetic Services:Post and core (similar to code 02954)  O2893 Prosthetic Services:Post and core (similar to code 02954)  O2893 Prosthetic Services:Post and core in addition to crown  O2894 Inlays used as Abutments: post w/or w/out coping  O2895 Cast post and core in addition to crown  O2896 Inlays used as Abutments: post w/or w/out coping  O3310 Root Canal Therapy: One tooth, one canal filled  O3320 Root Canal Therapy: One tooth, two cenal filled  O3320 Root Canal Therapy: One tooth, two cenal filled  O3330 Root Canal Therapy: One tooth, two cenal filled  O3340 Periapical Services: Apicoectomy, including root canal filling (similar to code 03421)  O4210 Ginglyredtomy or Ginglyreplasty per quadrant min 5 teeth  O4220 Cinglyrel Curettage, surgical, per quadrant min 5 teeth  O4260 Osseous surgery-per tooth (similar to code 04263)  O4341 Periodontal treatment (similar to code 04363)  O4340 Periodontal treatment  O4341 Periodontal and root planing, per quadrant  O4341 Periodontal and root planing, per quadrant  O4341 Periodontal maintenance procedure, following active therapy  O5110 Dentures: Full permanent toper jaw  O5120 Dentures: Full permanent toper jaw  O5211 Partial Dentures: bilateral chrome cobalt alloy upper jaw  Partial Dentures: bilateral chrome cobalt alloy upper jaw  Partial Dentures: upper jaw (similar to code 05214)  Partial Dentures: upper jaw (similar to code 05214)  Partial Dentures: upper jaw (similar to code 05214)	FO	FOR
ADA Code Description  O2892 Prosithetic Services: Post and core (similar to code 02954)  O2920 Repair of Prosthetic:Crown or facing O2930 Prosthetic Services: Pre-fabricated steinless steel crowns O2951 Restorative Amalgam Restorations:Reinforcement pins, maximum 1 per tooth O2952 Cast post and core in addition to crown O2953 Inlays used as Abutments: post w/or w/out coping O3220 Therapeutic Pulpotemy (excluding final restoration) O3310 Root Canal Therapy: One tooth, one canal filled O3320 Root Canal Therapy: One tooth, wo canal filled O3320 Root Canal Therapy: One tooth, wo canal filled O3320 Root Canal Therapy: One tooth, two canal filling (similar to code 03420 Periapical Services: Apicoectomy: 1st root O4210 Cingivectomy or Ginghroplasty per quadrant min 5 teeth O4220 Cingivectomy or Ginghroplasty per quadrant min 5 teeth O4260 Osseous surgery-per quadrant min 5 teeth O4261 Osseous graft - single site O4341 Periodontal treatment (similar to code 04355) O4261 Osseous graft - single site O4345 Periodontal treatment O4346 Periodontal amaintenance procedure, following active therapy O5130 Dentures: Full permanent upper jew O5110 Dentures: Immediate, maxillary O5121 Perial Dentures: bilateral chrome cobalt alloy lower jaw O5241 Perial Dentures: upper jaw (similar to code 05213)		-
ADA Code  Description  O2892 Prosthetic Services: Post and core (similar to code 02954)  O2920 Repair of Prosthetic:Crown or facing  O2930 Prosthetic Services: Pre-fabricated steinless steel crowns  O2951 Restorative Amalgam Restorations: Reinforcement pins, maximum 1 per tooth  O2952 Repair of Prosthetic:Services in addition to crown  O2954 Inflays used as Abutments: post w/or w/out coping  O3220 Therapeutic Pulpotomy (excluding final restoration)  O3310 Root Canal Therapy: One tooth, one canal filled  O3320 Root Canal Therapy: One tooth, two canal filled  O3330 Root Canal Therapy: One tooth, two canal filled  O3330 Root Canal Therapy as Canals  O3410 Peniapical Services: Apicoectomy, including root canal filling (similar to code 03421)  O4270 Clarighvectomy or Ginghvoplasty per quadrant min 5 teeth  O4281 Osseous surgery-per tooth (similar to code 04283)  O4280 Osseous surgery-per tooth (similar to code 04283)  O4340 Periodontal treatment (similar to code 04355)  O4341 Periodontal treatment  O4345 Periodontal treatment  O4345 Periodontal treatment  O4346 Periodontal treatment  O4347 Periodontal treatment  O4348 Periodontal treatment  O4349 Dentures: Full permanent upper jaw  O5130 Dentures: India permanent upper jaw  O5130 Dentures: India permanent upper jaw  O5131 Partial Dentures: bilateral chrome cobalt alloy lower jaw  O5214 Partial Dentures: bilateral chrome cobalt alloy lower jaw		
ADA Code Description  O2892 Prosthetic Services: Post and core (similar to code 02954)  O2920 Repair of Prosthetic:Crown or facing O2930 Prosthetic Services: Pre-fabricated steinless steel crowns O2951 Restorative Analigam Restorations: Reinforcement pins, maximum 1 per tooth O2952 Cast post and core in addition to crown O2954 Inlays used as Abutments: post w/or w/out coping O3220 Therapeutic Pulpotomy (excluding final restoration) O3310 Root Canal Therapy: One tooth, two canal filled O3320 Root Canal Therapy: One tooth, two canal filled O3330 Root Canal Therapy: One tooth, two canal filled O3330 Root Canal Therapy: One tooth, two canal filled O3330 Root Canal Therapy: One tooth, two canal filled O3420 Perispical Services: Apicoectomy, including root canal filling (similar to code 04261) O3420 Perispical Services: Apicoectomy, including root canal filling (similar to code 04261) O4261 Gingly-alcumettage, surgical, per quadrant min 5 teeth O4260 Osseous surgery-per quadrant min 5 teeth O4260 Osseous surgery-per quadrant min 5 teeth O4261 Osseous graft - single site O4341 Periodontal treatment (similar to code 04263) O4340 Periodontal resultment (similar to code 04365) O4341 Periodontal resultment (similar to code 04365) O4340 Periodontal resultment (similar to code 04365) O4341 Periodontal resultment (similar to code 04365) O4345 Periodontal resultment (similar to code 04365) O4346 Periodontal resultment (similar to code 04365) O4347 Periodontal resultment (similar to code 04365) O4348 Periodontal resultment (similar to code 04365) O4349 Periodontal resultment (similar to code 04365) O4340 Periodontal resultment (similar to code 04365) O4341 Periodontal resultment (similar to code 04365) O4340 Periodontal resultment (similar to code 04365) O4341 Period		
ADA Code Description  O2892 Prosthetic Services: Post and core (similar to code 02854)  O2920 Repair of Prosthetic: Crown or facing  O2930 Prosthetic Services: Pre-fabricated steinless steel crowns  O2951 Restorative Amalgam Restorations: Reinforcement pins, maximum 1 per tooth  O2952 Crest post and core in addition to crown  O2953 Inlays used as Abutments: post w/lor w/lout coping  O3260 Therapeutic Pulpotomy (excluding final restoration)  O3310 Root Canal Therapy: One tooth, one canal filled  O3320 Root Canal Therapy: One tooth, wo canal filled  O3330 Root Canal Therapy: One tooth, wo canal filled  O3340 Root Canal Therapy: Petreatment-3 Canals  O3410 Peniapical Services: Apicoectomy-1st root  O3420 Peniapical Services: Apicoectomy-1st root  O3420 Ginglyal Curettage, surgical, per quadrant min 5 teeth  O4250 Osseous surgery-per tooth (similar to code 04263)  O4260 Osseous surgery-per quadrant min 5 teeth  O4261 Osseous surgery-per quadrant min 5 teeth  O4261 Osseous surgery-per quadrant min 5 teeth  O4360 Periodontal treatment (similar to code 04263)  O4361 Periodontal resiment  O4361 Periodontal resiment  O4365 Periodontal resiment  O4366 Periodontal resiment  O4367 Periodontal maintenance procedure, following active therapy  O5110 Dentures: Full permanent tower law  O5120 Dentures: Immediate, maxillary	10-	
ADA Code Description  02892 Prosthetic Services: Post and core (similar to code 02954)  02920 Repair of Prosthetic: Crown or facing  02931 Prosthetic Services: Pre-fabricated steinless steel crowns  02951 Restorative Amalgam Restorations: Reinforcement pins, maximum 1 per tooth  02952 Clast post and core in addition to crown  02953 Inlays used as Abutments: post w/or w/out coping  03220 Therapeutic Pulpotomy (excluding final restoration)  03310 Root Canal Therapy: One tooth, one canal filled  03320 Root Canal Therapy: One tooth, two canal filled  03320 Root Canal Therapy Per quadrant min 5 teeth  03410 Periapical Services: Apicoectomy, including root canal filling (similar to code 03420 Ginglyal Curettage, surgical, per quadrant min 5 teeth  04220 Ginglyal Curettage, surgical, per quadrant min 5 teeth  04259 Osseous surgery-per quadrant min 5 teeth  04260 Osseous surgery-per quadrant min 5 teeth  04260 Osseous surgery-per quadrant min 5 teeth  04341 Periodontal treatment  04341 Periodontal treatment  04355 Periodontal maintenance procedure, following active therapy  05120 Dentures: Full permanent tower law  05120 Dentures: Full permanent lower law	-	1
ADA Code Description  02892 Prosthetic Services:Post and core (similar to code 02934)  02920 Repair of Prosthetic:Crown or facing  02930 Prosthetic Services:Pre-fabricated stainless steel crowns  02951 Restorative Amalgam Restorations:Reinforcement pins, maximum 1 per tooth  02952 Cast post and core in addition to crown  02953 Inlays used as Abutments: post w/or w/out coping  02954 Inlays used as Abutments: post w/or w/out coping  02955 Reot Canal Therapy: One tooth, one canal filled  03320 Root Canal Therapy: One tooth, one canal filled  03320 Root Canal Therapy - 3 Canals  033410 Peniapical Services:Apicoectomy-1st root  03420 Peniapical Services:Apicoectomy, including root canal filling (similar to code 03420)  04210 Ginglynectomy or Ginglyroplasty per quadrant min 5 teeth  04259 Osseous surgery-per tooth (similar to code 04263)  04261 Osseous surgery-per quadrant min 5 teeth  04250 Osseous surgery-per quadrant min 5 teeth  04261 Osseous graft - single site  04340 Periodontal treatment (similar to code 04355)  04340 Periodontal treatment (similar to code 04355)  04341 Periodontal treatment (similar to enable comprehensive evaluation  04355 Periodontal maintenance procedure, following active therapy  05110 Dentures: Full permanent upper jew		
ADA Code Description  O2892 Prosthetic Services:Post and core (similar to code 02954)  O2920 Repair of Prosthetic:Crown or facing O2930 Prosthetic Services:Pre-fabricated steinless steel crowns O2951 Restorative Amalgam Restorations:Reinforcement pins, maximum 1 per tooth O2952 Cast post and core in addition to crown O2954 Inlays used as Abutments: post w/or w/out coping O3220 Therapeutic Pulpotomy (excluding final restoration) O3310 Root Canal Therapy: One tooth, two canal filled O3320 Root Canal Therapy -3 Canals O3348 Root Canal Therapy -3 Canals O3410 Periapical Services:Apicoectomy-1st root O3420 Periapical Services:Apicoectomy, including root canal filling (similar to code 04259) O4250 Cinglival Curettage, surgical, per quadrant min 5 teeth O4260 Osseous surgery-per tooth (similar to code 04263) O4261 Osseous surgery-per guadrant min 5 teeth O4341 Periodontal treatment (similar to code 04355) O4341 Periodontal scaling and root planing, per quadrant O4355 Periodontal maintenance procedure, following active therapy		
ADA Code Description  02892 Prosthetic Services:Post and core (similar to code 02954)  02920 Repair of Prosthetic:Crown or facing 02930 Prosthetic Services:Pre-fabricated steinless steel crowns 02951 Restorative Amalgam Restorations:Reinforcement pins, maximum 1 per tooth 02952 Cast post and core in addition to crown 02954 Inlays used as Abutments: post w/or w/out coping 03220 Therapeutic Pulpotomy (excluding final restoration) 03310 Root Canal Therapy: One tooth, two canal filled 03330 Root Canal Therapy - 3 Canals 03348 Root Canal Therapy - 3 Canals 03410 Peniapical Services:Apicoectomy-1st root 03420 Periapical Services:Apicoectomy, including root canal filling (similar to code 03421) 04220 Ginglyactomy or Ginglyroplasty per quadrant min 5 teeth 04259 Osseous surgery-per quadrant min 5 teeth 04260 Osseous greft - single site 04341 Periodontal treatment (similar to code 04263) 04341 Periodontal treatment 04355 Periodontal restment 04355 Periodontal restment		
ADA Code Description  O2892 Prosthetic Services:Post and core (similar to code 02954) O2992 Repair of Prosthetic:Crown or facing O29930 Prosthetic Services:Pre-fabricated steinless steel crowns O29951 Restorative Amalgam Restorations:Reinforcement pins, maximum 1 per tooth O29952 Cast post and core in addition to crown O29954 Inlays used as Abutments: post w/or w/out coping O39950 Therapeutic Pulpotomy (excluding final restoration) O39950 Root Canal Therapy: One tooth, one canal filled O39950 Root Canal Therapy: One tooth, one canal filled O39950 Root Canal Therapy: One tooth, two canal filled O39950 Root Canal Therapy: One tooth, two canal filled O39950 Root Canal Therapy: One tooth, two canal filled O39950 Root Canal Therapy: Apicoectomy, Including root canal filling (similar to code 03410 Peniapical Services: Apicoectomy, including root canal filling (similar to code 03420) O4210 Ginglive/comy or Ginglivoplasty per quadrant min 5 teeth O4220 Cinglivel Curettage, surgical, per quadrant min 5 teeth O4220 Cinglivel Curettage, surgical, per quadrant min 5 teeth O4220 Cosseous surgery-per quadrant min 5 teeth O4220 Cosseous surgery-per quadrant min 5 teeth O4220 Peniodontal treatment (similar to code 04263) O4341 Peniodontal treatment (similar to code 04355) O4341 Peniodontal treatment (similar to code 04355) O4345 Periodontal treatment	-	
ADA Code Description  O2892 Prosthetic Services:Post and core (similar to code 02954)  O2920 Repair of Prosthetic:Crown or facing  O2930 Prosthetic Services:Pre-fabricated steinless steel crowns  O2931 Restorative Amalgam Restorations:Reinforcement pins, maximum 1 per tooth  O2952 Cast post and core in addition to crown  O2954 Inlays used as Abutments: post w/or w/out coping  O3220 Therapeutic Pulpotomy (excluding final restoration)  O3310 Root Canal Therapy: One tooth, one canal filled  O3320 Root Canal Therapy: One tooth, two canal filled  O3330 Root Canal Therapy: One tooth, two canal filled  O3330 Root Canal Therapy: One tooth, two canal filled  O3330 Root Canal Therapy: One tooth, two canal filled  O3330 Root Canal Therapy: One tooth, two canal filled  O3348 Root Canal Therapy: One tooth, two canal filling  O3410 Periapical Services: Apicoectomy, including root canal filling (similar to code 03421)  O4210 Ginglyaetomy or Ginglyoplasty per quadrant min 5 teeth  O4220 Ginglyaetomy-per tooth (similar to code 04263)  O4260 Osseous surgery-per quadrant min 5 teeth  O3431 Periodontal treatment (similar to code 04355)  O4341 Periodontal scaling and root planing, per quadrant  O4341 Periodontal scaling and root planing, per quadrant		
ADA Code Description  ADA Code Description  O2892 Prosthetic Services: Post and core (similar to code 02954)  O2920 Repair of Prosthetic:Crown or facing O2920 Prosthetic Services: Pre-fabricated stainless steel crowns O2930 Prosthetic Services: Pre-fabricated stainless steel crowns O2931 Restorative Amalgam Restorations: Reinforcement pins, maximum 1 per tooth O2951 Inlary used as Abutments: post w/lor w/out coping O3952 Inlary used as Abutments: post w/lor w/out coping O3220 Therapeutic Pulpotomy (excluding final restoration) O3310 Root Canal Therapy: One tooth, one canal filled O3320 Root Canal Therapy - 3 Canals O3348 Root Canal Therapy - 3 Canals O3349 Root Canal Therapy Retreatment-3 Canals O3410 Periapical Services: Apicoectomy-1st root O4210 Gingivectomy or Gingivoplasty per quadrant min 5 teeth O4220 Gingival Curettage, surgical, per quadrant min 5 teeth O4260 Osseous surgery-per tooth (similar to code 04263) O4261 Osseous graft - single site O4264 Periapical Services: Apicoectomy in 5 teeth O4265 Osseous graft - single site O4266 Osseous graft - single site O4267 Periapical Curettage is the code O4355)		
ADA Code Description  O2892 Prosthetic Services: Post and core (similar to code 02954)  O2990 Repair of Prosthetic:Crown or facing O2991 Prosthetic Services: Pre-fabricated stainless steel crowns O2991 Prosthetic Services: Pre-fabricated stainless steel crowns O2991 Restorative Amalgam Restorations: Reinforcement pins, maximum 1 per tooth O2992 Cast post and core in addition to crown O2993 Inlays used as Abutments: post w/or w/out coping O2994 Inlays used as Abutments: post w/or w/out coping O3994 Inlays used as Abutments: post w/or w/out coping O3995 Root Canal Therapy: One tooth, one canal filled O3310 Root Canal Therapy: One tooth, two canal filled O3320 Root Canal Therapy Retreatment-3 Canals O3348 Root Canal Therapy Retreatment-3 Canals O3410 Periapical Services: Apicoectomy-1st root O3420 Periapical Services: Apicoectomy-1st root O4210 Gingly-ectomy or Ginglyroplasty per quadrant O4220 Gingly-ectomy or Ginglyroplasty per quadrant O4230 Osseous surgery-per tooth (similar to code 04263) O4261 Osseous surgery-per quadrant min 5 teeth O4261 Osseous surgery-per quadrant min 5 teeth O4261 Osseous graft - single site		
ADA Code Description  O2892 Prosthetic Services: Post and core (similar to code 02954)  O2892 Prosthetic Services: Post and core (similar to code 02954)  O2920 Repair of Prosthetic: Crown or facing  O2921 Repair of Prosthetic: Crown or facing  O2922 Prosthetic Services: Pre-fabricated stainless steel crowns  O2933 Prosthetic Services: Pre-fabricated stainless steel crowns  O2934 Restreative Amalgam Restorations: Reinforcement pins, maximum 1 per tooth  O2952 Cast post and core in addition to crown  O2953 Inlays used as Abutments: post w/or w/out coping  O2954 Inlays used as Abutments: post w/or w/out coping  O2954 Inlays used as Abutments: post w/or w/out coping  O3220 Therapoutic Pulpotomy (excluding final restoration)  O3330 Root Canal Therapy: One tooth, two canal filled  O3330 Root Canal Therapy - 3 Canals  O3348 Root Canal Therapy - 3 Canals  O3410 Periapical Services: Apicoectomy-1st root  O3420 Periapical Services: Apicoectomy-1st root  O3420 Gingly-ectomy or Ginglycoplasty per quadrant min 5 teeth  O4250 Osseous surgery-per quadrant min 5 teeth  O4260 Osseous surgery-per quadrant min 5 teeth		
ADA Code Description  ADA Code Description  O2892 Prosthetic Services: Post and core (similar to code 02954) O2990 Repair of Prosthetic:Crown or facing O2990 Prosthetic Services: Pre-shoricated steinless steel crowns O2991 Prosthetic Services: Pre-shoricated steinless steel crowns O2991 Prosthetic Services: Pre-shoricated steinless steel crowns O2992 Cast post and core in addition to crown O2993 Inlays used as Abutments: post wfor w/out coping O2994 Inlays used as Abutments: post wfor w/out coping O2994 Inlays used as Abutments: post wfor w/out coping O3995 Prost Canal Therapy: One tooth, one canal filled O3996 Root Canal Therapy: One tooth, two canal filled O3997 Root Canal Therapy: One tooth, two canal filled O3998 Root Canal Therapy - 3 Canals O3998 Root Canal Therapy - 3 Canals O3999 Root Canal Therapy - 3		
ADA Code Description  ADA Code Description  O2892 Prosthetic Services: Post and core (similar to code 02954)  O29920 Repair of Prosthetic:Crown or facing  O29930 Prosthetic Services: Pre-fabricated steinless steel crowns  O29931 Restorative Amalgam Restorations: Reinforcement pins, maximum 1 per tooth  O29932 Cast post and core in addition to crown  O29934 Inlays used as Abutments: post w/or w/out coping  O29934 Inlays used as Abutments: post w/or w/out coping  O39930 Root Canal Therapy: One tooth, one canal filled  O3310 Root Canal Therapy: One tooth, one canal filled  O3330 Root Canal Therapy - 3 Canals  O3348 Root Canal Therapy Retreatment-3 Canals  O3410 Periapical Services: Apicoectomy, including root canal filling (similar to code 03421)  O4210 GingliveComy or Ginglivoplasty per quadrant min 5 teeth  O4250 Osseous surgery-per tooth (similar to code 04263)		
ADA Code Description  O2992 Prosthetic Services: Post and core (similar to code 02954)  O2993 Prosthetic Services: Pre-fabricated stainless steel crowns  O2994 Inlays used as Abutments: post wife wife wife wife in seximation in per tooth  O2995 Inlays used as Abutments: post wife wife wife in seximation in per tooth  O2995 Inlays used as Abutments: post wife wife in seximation)  O3996 O2996 Therapy: One tooth, one canal filled  O3310 Root Canal Therapy: One tooth, two canal filled  O3320 Root Canal Therapy - 3 Canals  O3330 Root Canal Therapy Retreatment-3 Canals  O33410 Periapical Services: Apicoectomy -1st root  O3420 Periapical Services: Apicoectomy including root canal filling (similar to code 03421)  O4210 Gingivectomy or Gingivoplasty per quadrant min 5 teeth  O4220 Gingival Curettage, surgical, per quadrant		
ADA Code Description  ADA Code Description  O2992 Prosthetic Services: Post and core (similar to code 02954)  O2993 Prosthetic Services: Pre-fabricated stainless steel crowns  O2993 Prosthetic Services: Pre-fabricated steinless steel crowns  O2993 Prosthetic Services: Pre-fabricated steinless steel crowns  O2993 Prosthetic Services: Pre-fabricated steinless steel crowns  O2994 Inlays used as Abutments: post wifor wifout coping  O2995 Inlays used as Abutments: post wifor wifout coping  O3995 Inlays used as Abutments: post wifor wifout coping  O3996 Therapeutic Pulpotomy (excluding final restoration)  O3310 Root Canal Therapy: One tooth, one canal filled  O3320 Root Canal Therapy - 3 Canals  O3330 Root Canal Therapy - 3 Canals  O3341 Root Canal Therapy Retrestment-3 Canals  O3410 Periapical Services: Apicoectomy, including root canal filling (similar to code 03421)  O4210 Ginghvectomy or Ginghvoplasty per quadrant min 5 teeth		
ADA Code Description  ADA Code Description  O2992 Prosthetic Services: Post and core (similar to code 02954)  O2993 Prosthetic Services: Pre-fabricated stainless steel crowns  O2994 Inflays used as Abutments: post w/or w/out coping  O2954 Inflays used as Abutments: post w/or w/out coping  O3295 Therapeutic Pulpotomy (excluding final restoration)  O3310 Root Canal Therapy: One tooth, one canal filled  O3310 Root Canal Therapy - 3 Canals  O3310 Root Canal Therapy - 3 Canals  O3311 Root Canal Therapy - 3 Canals  O3312 Root Canal Therapy Retreatment-3 Canals  O3410 Periapical Services: Apicoectomy - 1st root  O3420 Periapical Services: Apicoectomy, including root canal filling (similar to code 03421)		
ADA Code Description  O2892 Prosthetic Services: Post and core (similar to code 02954)  O2990 Repair of Prosthetic:Crown or facing  O2991 Prosthetic Services: Pre-fabricated stainless steel crowns  O2991 Restorative Amalgam Restorations: Reinforcement pins, maximum 1 per tooth  O2991 Clast post and core in addition to crown  O2991 Inlars used as Abutments: post w/or w/out coping  O3991 Inlars used as Abutments: post w/or w/out coping  O3991 Therapeutic Pulpotomy (excluding final restoration)  O3991 Root Canal Therapy: One tooth, one canal filled  O3310 Root Canal Therapy - 3 Canals  O3348 Root Canal Therapy - 3 Canals  O3410 Periapical Services: Apicoectomy-1st root  O3410 Periapical Services: Apicoectomy-1st root		
ADA Code Description  O2892 Prosthetic Services: Post and core (similar to code 02954)  O2990 Repair of Prosthetic:Crown or facing O2991 Prosthetic Services: Pre-fabricated steinless steel crowns O2991 Restorative Amalgam Restorations: Reinforcement pins, maximum 1 per tooth O2991 Restorative Amalgam Restorations: Reinforcement pins, maximum 1 per tooth O2991 Restorative Amalgam Restorations: Reinforcement pins, maximum 1 per tooth O2991 Inlays used as Abutments; post w/or w/out coping O3991 Inlays used as Abutments; post w/or w/out coping O3991 Root Canal Therapy: One tooth, one canal filled O3310 Root Canal Therapy: One tooth, wo canal filled O3330 Root Canal Therapy - 3 Canals O3348 Root Canal Therapy - 3 Canals O3348 Root Canal Therapy Retreatment-3 Canals		
ADA Code Description  ADA Code Description  O2892 Prosthetic Services: Post and core (similar to code 02954)  O2920 Repair of Prosthetic:Crown or facing  O2930 Prosthetic Services: Pre-fabricated steinless steel crowns  O2931 Restorative Amalgam Restorations: Reinforcement pins, maximum 1 per tooth  O2951 Restorative Amalgam Restorations: Reinforcement pins, maximum 1 per tooth  O2952 Cast post and core in addition to crown  O2954 Inlays used as Abutments; post w/or w/out coping  O3220 Therapeutic Pulpotomy (excluding final restoration)  O3310 Root Canal Therapy: One tooth, one canal filled  O3320 Root Canal Therapy - 3 Canals  O3330 Root Canal Therapy - 3 Canals		
ADA Code Description  ADA Code Description  O2892 Prosthetic Services: Post and core (similar to code 02954)  O2920 Repair of Prosthetic:Crown or facing  O2920 Prosthetic Services: Pre-fabricated steinless steel crowns  O2931 Restorative Amalgam Restorations: Reinforcement pins, maximum 1 per tooth  O2951 Restorative Amalgam Restorations: Reinforcement pins, maximum 1 per tooth  O2952 Cast post and core in addition to crown  O2954 Inlays used as Abutments; post w/or w/out coping  O3220 Therapeutic Pulpotomy (excluding final restoration)  O3310 Root Canal Therapy: One tooth, one canal filled  O3320 Root Canal Therapy: One tooth, two canal filled		
ADA Code Description  ADA Code Description  O2892 Prosthetic Services: Post and core (similar to code 02954)  O2930 Repair of Prosthetic:Crown or facing  O2930 Prosthetic Services: Pre-shoricaled steinless steel crowns  O2951 Restorative Amalgam Restorations: Reinforcement pins, maximum 1 per tooth  O2952 Cast post and core in addition to crown  O2954 Inflays used as Abuttments: post w/or w/out coping  O3220 Therapeutic Pulpotomy (excluding final restoration)  O3310 Root Canal Therapy: One tooth, one canal filled		
ADA Code Description  ADA Code Description  O2892 Prosthetic Services:Post and core (similar to code 02954)  O2920 Repair of Prosthetic:Crown or facing  O2930 Prosthetic Services:Pre-fabricated steinless steel crowns  O2951 Restorative Amalgam Restorations:Reinforcement pins, maximum 1 per tooth  O2952 Cast post and core in addition to crown  O2954 Inlays used as Abutments: post w/or w/out coping  O3220 Therapeutic Pulpotomy (excluding final restoration)		
ADA Code Description  O2892 Prosthetic Services:Post and core (similar to code 02954)  O2920 Repair of Prosthetic:Crown or facing  O2930 Prosthetic Services:Pre-fabricated stainless steel crowns  O2951 Restorative Amalgam Restorations:Reinforcement pins, maximum 1 per tooth  O2952 Cast post and core in addition to crown  O2954 Inlays used as Abutments: post w/or w/out coping	-	
ADA Code Description  O2892 Prosthetic Services:Post and core (similar to code 02954)  O2920 Repair of Prosthetic:Crown or facing  O2930 Prosthetic Services:Pre-fabricated steinless steel crowns  O2951 Restorative Amalgam Restorations:Reinforcement pins, maximum 1 per tooth  O2952 Cast post and core in addition to crown		
ADA Code Description  O2892 Prosthetic Services:Post and core (similar to code 02954)  O2920 Repair of Prosthetic:Crown or facing  O2930 Prosthetic Services:Pre-fabricated steinless steel crowns  O2951 Restorative Amalgam Restorations:Reinforcement pins, maximum 1 per tooth		
ADA Code Description  02892 Prosthetic Services: Post and core (similar to code 02954)  02920 Repair of Prosthetic:Crown or facing  02930 Prosthetic Services: Pre-fabricated steinless steel crowns		
ADA Code Description  O2992 Prosthetic Services: Post and core (similar to code 02954)  O2920 Repair of Prosthetic/Crown or facing		
ADA Code Description  O2892 Prosthetic Services: Post and core (similar to code 02954)		
ADA Code Description		
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	•	09310	09110	08750	08670	08599	08590	08570	08399	08080	08030	08020	07960	07510	07241	07240	07230	07220	07210	DA Code			
Total	(1) Codes will no longer be effective as of 2001; refer to CDT-3 list	Consultation (provided by dentist other than treating dentist)	Emergency Visit (Palliative)	passive orthodontic treatment per 6 months of treatment max 18 months <sup>(1)</sup>	Orthodontics: periodic treatment visit <sup>(1)</sup>	Orthodontics <sup>(1)</sup> :	Orthodontics <sup>(1)</sup> .	Orthodontics <sup>(1)</sup> .	Orthodontics <sup>(1)</sup> :	Orthodontics: comprehensive treatment of adolescent dentition (1)	Orthodontics: limited treatment of adolescent dentition (1)	Orthodontics: limited treatment of transitional dentition <sup>(1)</sup>	Oral Surgery: Removal of labial frenum	Oral Surgery: incision and drainage of abscess	Oral Surgery: Removal of impacted tooth, completely bony, complicated	Oral Surgery: Completely covered by bone	Oral Surgery: Partial bony impaction	Oral Surgery: Soft tissue extraction	Oral Surgery: Difficult extraction	ADA Code Description			
,	4																			Par	Amount	Scheduled	Manhattan
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	4								-											Par	Amount	Scheduled	Other
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n .	4					-			_		_ !									Non Par	Amount	Scheduled	Group II
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1) Describe the incremental benefits offered under the Enhancement Program.

Group	31
Core Program	Proposed Enhanced Plan #1
Preferred Schedule Plus 8% Par (HIAA Cost Equivalent) / Preferred Schedule Non-Par	Approx, 22% off of HIAA Mean Par and Non-Par (Preferred Cost Equivalent)
\$1,800 Annual Maximum (Including Orthodontia)	\$2.250Annual Maximum (Not applicable to Orthodontia)
\$1,998 Orthodontia Lifetime Maximum	\$2,500 orthodontia Lifetime Maximum
100% Coinsurance P&D Services	
100% Coinsurance Basic Services	100% Califsurance Basic Services (200)
100% Coinsurance on Major Services	50% Consurance on Major Services Par and Non-Par
100% Coinsurance on Orthodontia	80% Coinsurance on Orthodontia gar and Non-Par
	Proposed Enhanced Plan #2
	Approx 2% off of HIAA Mean Par and Non-Par (Preferred Cost Equivalent)
	\$2,250 Johnual Maximum (Not applicable to Orthodontia)
	\$2,500 Orthodontia Lifetime Maximum
	100% Coinsurance Basic Services
	100% Coinsurance on Orthodontia Par / 50% Non-Par
	Approx. 22% off of HIAA Mean Par and Non-Par (Preferred Cost Equivalent)
	\$25/\$75 Annual Deductible (All services except P&D and Orthodontia)
	\$2,500 Orthodortia Lifetime Maximum
	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
	Proposed Enhanced Plan #4
	Preferred Schedule Plus 8% Par (HIAA Cost Equivalent) & Non-Par
	\$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&U Services
	100% Coinsurance on Major Services
	80% Coinsurance on Orthodontia Par and Non-Par
	The second secon

100 /9 Combination on Chinocollina Fall alig Non-Fall	
100% Coinsurance Basic Vervices	
100% Opinional Date Constitution	
100% Coinsurance D&D Services	
\$2,500 Orthodontia Lifetime Maximum	
\$2,250 Annual Maximum (Not applicable to Orthodontia)	
\$25/\$75 Annual Deductible (All services except P&D and Orthodontia)	
Preferred Schedule Plus 8% Par (HIAA Cost Equivalent) & Non-Par	
Proposed Ennanced Plan #4	
Description of Chinodolina Fall and Non-Fall	
500/ Controlled pasic pervices har and Non-Par	
80% Collising Book Services	
100% Original Clientie Maximum	
*2 500 Orthodontia Lifetime Maximum	
\$2.050 Applied Maximum (Nict opplied to the Land)	
\$25/\$75 Applied Dedication of the Control of the Co	
Approx. 22% off of HIAA Mean Par and Non-Par (Preferred Cost Equivalent)	
rioposed Ennanced Flan #3	
Described affect of Christian Far / 50% Non-Far	
100% Control on the Architecture and a control of Notice and a control of Noti	
100% Coinsurance on Major Services Dar / 50% Non-Bor	
100% Coinsurance Basic Services	
100% Coinsurance P&D Services	
\$2,500 Orthodontia Lifetime Maximum	
\$2,250 Annual Maximum (Not applicable to Orthodontia)	
No Deductione	
Approx. 22% off of HIAA Mean Par and Non-Par (Preferred Cost Equivalent)	
Proposed Enhanced Plan #2	
80% Coinsurance on Orthodontia Par and Non-Par	100% Coinsurance on Orthodontia
50% Coinsurance on Major Services Par and Non-Par	100% Coinsurance on Major Services / 80% Non-Par
100% Coinsurance Basic Services	100% Coinsurance Basic Services / 80% Non-Par
100% Coinsurance P&D Services	100% Coinsurance P&D Services
\$2,500 Orthodontia Lifetime Maximum	\$1,996 Ormogonua Lifetime Maximum
\$2,250 Annual Maximum (Not applicable to Orthodontia)	\$1,200 Ahnual Maximum (including Orthodontia)
\$25/\$75 Annual Deductible (All services except P&D and Orthodontia)	\$20/\$70 Annual Deductible (All services except P&D and Orthodontia)
Approx. 22% off of HIAA Mean Par and Non-Par (Preferred Cost Equivalent)	Preferred Schedule Plus 8% Par (HIAA Cost Equivalent) / Preferred Schedule Non-Par
Proposed Enhanced Plan #1	Core Program
BII	Group II

May 18, 2000

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

Adjustment Factor\*
Group | Group ||

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

Total



applied to current benefits

50% Coinsurance on Major Services Par and Non-Par 80% Coinsurance on Orthodontia Par and Non-Par

100% Coinsurance Basic Services

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

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

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

	ľ			Partial Dentures: additional tooth	05650	72
				Partial Dentures: upper jaw (similar to code 05214)	05261	71
				Partial Dentures: upper jaw (similar to code 05213)	05241	à
				Partial Dentures: bilateral chrome cobalt alloy lower jaw	05214	69
	V2			Partial Dentures: bilateral chrome cobalt alloy upper jaw	05213	68
				Dentures: Immediate, maxillary	05130	67
				Dentures: Full permanent lower jaw	05120	66
				Dentures: Full permanent upper jaw	05110	65
				Periodontal maintenance procedure, following active therapy	04910	64
				Periodontal -full mouth debridement to enable comprehensive evaluation	04355	63
				Periodontal treatment	04345	62
				Periodontal scaling and root planing, per quadrant	04341	61
				Periodontal treatment (similar to code 04355)	04340	8
				Osseous graft - single site	04261	59
				Osseous surgery-per quadrant min 5 teeth	04260	58
	41			Osseous surgery-per tooth (similar to code 04263)	04259	57
				Gingival Curettage, surgical, per quadrant	04220	56
				Gingivectomy or Gingivoplasty per quadrant min 5 teeth	04210	55
			)	Periapical Services: Apicoectomy, including root canal filling (similar to code 03421)	03420	54
				Penapical Services:Apicoectomy-1st root	03410	53
				Root Canal Therapy Retreatment-3 Canals	03348	52
				Root Canal Therapy - 3 Canals	03330	51
				Root Canal Therapy: One tooth, two canal filled	03320	50
		est e		Root Canal Therapy: One tooth, one canal filled	03310	49
				Therapeutic Pulpotomy (excluding final restoration)	03220	48
				Inlays used as Abutments: post w/or w/out coping	02954	47
				Cast post and core in addition to crown	02952	46
				Restorative Amalgam Restorations: Reinforcement pins, maximum 1 per tooth	02951	45
				Prosthetic Services:Pre-fabricated stainless steel crowns	02930	44
				Repair of Prosthetic:Crown or facing	02920	43
				Prosthetic Services:Post and core (similar to code 02954)	02892	42
				Prosthetic Services: Post and core (similar to code 02952)	02891	4
				Prosthetic Services:full cast crown, noble metal	02792	40
				Prosthetic Services:full cast crown, predominantly base metal	02791	39
				Prosthetic Services:full cast crown fused to high noble metal	02790	38
ľ				Prosthetic Services:Crown with porcelain fused to noble metal	02752	37
Projected # of Services	Scheduled Amount	Scheduled Amount	Scheduled Amount	Description	ADA Code	

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

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æ	09310	09110	08750	08670	08599	08590	08570	08399	08080	08030 .	08020	07960	07510	07241	07240	07230	07220	07210	07120	07110	06930	06752	06751	06750	06545	06242	06241	06240	ADA Code	
(1) Codes will no longer be effective as of 2001; refer to CDT-3 list Total	Consultation (provided by dentist other than treating dentist)	Emergency Visit (Palliative)	passive orthodontic treatment per 6 months of treatment max 18 months <sup>(1)</sup>	Orthodontics; periodic treatment visit <sup>(1)</sup>	Orthodontics(1):	Orthodontics(1):	Orthodontics(1):	Orthodontics <sup>(1)</sup> :	Orthodontics: comprehensive treatment of adolescent dentition <sup>(1)</sup>	Orthodontics: limited treatment of adolescent dentition(1)	Orthodontics: limited treatment of transitional dentition(1)	Oral Surgery: Removal of labial frenum	Oral Surgery: incision and drainage of abscess	Oral Surgery: Removal of impacted tooth, completely bony, complicated	Oral Surgery: Completely covered by bone	Oral Surgery: Partial bony impaction	Oral Surgery: Soft tissue extraction	Oral Surgery: Difficult extraction	Extractions: Each additional tooth	Extractions: Single tooth	Repair of Prosthetic: Two or more abutments	Prosthetic Services:Crown with porcelain fused to noble metal	Prosthetic Services:Crown with porcelain fused to base metal	Crowns as Abutments: Full cast crown w/porcelain veneer backing	Crowns as Abutments: Maryland bridge retainer	Bridge Pontics: Porcelain fused to metal	Bridge Pontics: Porcelain fused to metal	Bridge Pontics: Porcelain fused to high noble metal	Description	
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ess.										hard pro-														¥.,			2 4		Scheduled Amount	Other
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			1													4											4		Projected # of Services	
مود سود	ļ														-	<i></i>											<u>L</u>	i di	ices	

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

027.00	34 02740	33 02387	32 02386	31 02385	30 02381	29 02335	28 02332	27 02331	Γ		24 02160	23 02150	22 02140	21 02130	20 02120		18 02051	17 01351	16 01230	15 01220	14 01204	13 01203	12 01120	11 01110	10 00330	9 00270	8 00230	7 00220	6 00210	5 00150	4 00140		2 00120	1 00110	ADA Code	
Prosthetic Services:Crown-porcelain fused to high noble metal	Prosthetic Services: porcelain jacket crown	Resin, three or more surfaces, posterior-permanent	Resin, two surfaces, posterior-permanent	Resin, one surface, posterior-permanent	Resin-two surfaces, posterior primary	Resin-four or more surfaces or including incisal angle, anterior	Resin- three surfaces, anterior	Resin-two surfaces, anterior	Resin-one surface, anterior	Restorative Amalgam Restorations:four or more surfaces, permanent	Restorative Amalgam Restorations:three or more surfaces, permanent	Restorative Amalgam Restorations:Two surfaces, permanent	Restorative Amalgam Restorations: One Service, permanent	Restorative Amalgam Restorations: Three Surfaces, primary	Restorative Amaigam Restorations: Two Surfaces, primary	Restorative Amalgam Restorations: One Surface, primary	Restorations: Crown over Implant (similar to code 02751)	Sealant, per tooth	Fluonde Treatment (similar to code 01204)	Fluoride Treatment (similar to code 01203)	Topical Fluoride Treatment	Topical Fluoride Treatment	Prophylaxis under 12 years of age	Prophylaxis 12 years of age or over	X-rays: Panoramic maxilla and mandible single film	X-rays: Bitewing first film	X-rays: Intraoral each additional film	X-rays: Intraoral single film, first film	X-rays: Intraoral complete series	Comprehensive oral evaluation	Limited oral evaluation-problem focused	Emergency oral exam	Periodic oral exam	Initial Exam including Charting	Description	
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# Enhancement Component Non Participating Provider Schedule of Services and Utilization Plan #1

72	71	70	69	68	67	66	65	ያ	63	62	61	60	59	58	57	56	55	2	53	52	51	50	49	48	47	46	45	1	43	42	41	40	39	38	37		
05650	05261	05241	05214	05213	05130	05120	05110	04910	04355	04345	04341	04340	04261	04260	04259	04220	04210	03420	03410	03348	03330	03320	03310	03220	02954	02952	02951	02930	02920	02892	02891	02792	02791	02790	02752	ADA Code	
Partial Dentures: additional tooth	Partial Dentures: upper jaw (similar to code 05214)	Partial Dentures: upper jaw (similar to code 05213)	Partial Dentures: bilateral chrome cobalt alloy lower jaw	Partial Dentures: bilateral chrome cobalt alloy upper jaw	Dentures: Immediate, maxillary	Dentures: Full permanent lower jaw	Dentures: Full permanent upper jaw	Periodontal maintenance procedure, following active therapy	Periodontal -full mouth debridement to enable comprehensive evaluation	Periodontal treatment	Periodontal scaling and root planing, per quadrant	Periodontal treatment (similar to code 04355)	Osseous graft - single site	Osseous surgery-per quadrant min 5 teeth	Osseous surgery-per tooth (similar to code 04263)	Gingival Curettage, surgical, per quadrant	Gingivectomy or Gingivoplasty per quadrant min 5 teeth	Penapical Services: Apicoectomy, including root canal filling (similar to code 03421)	Periapical Services: Apicoectomy-1st root	Root Canal Therapy Retreatment-3 Canals	Root Canal Therapy - 3 Canals	Root Canal Therapy: One tooth, two canal filled	Root Canal Therapy: One tooth, one canal filled	Therapeutic Pulpotomy (excluding final restoration)	Inlays used as Abutments: post w/or w/out coping	Cast post and core in addition to crown	Restorative Amalgam Restorations:Reinforcement pins, maximum 1 per tooth	Prosthetic Services:Pre-fabricated stainless steel crowns	Repair of Prosthetic:Crown or facing	Prosthetic Services:Post and core (similar to code 02954)	Prosthetic Services: Post and core (similar to code 02952)	Prosthetic Services:full cast crown, noble metal	Prosthetic Services full cast crown, predominantly base metal	Prosthetic Services:full cast crown fused to high noble metal	Prosthetic Services:Crown with porcelain fused to noble metal	Description	
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# Enhancement Component Non Participating Provider Schedule of Services and Utilization Plan #1

Description  Bridge Pontics: Porcelain fused to high noble metal  Bridge Pontics: Porcelain fused to metal  Bridge Pontics: Porcelain fused to metal  Bridge Pontics: Porcelain fused to metal  Crowns as Abutments: Maryland bridge retainer  Crowns as Abutments: Full cast crown w/porcelain veneer backing  Prosthetic Services: Crown with porcelain fused to base metal  Prosthetic Services: Crown with porcelain fused to noble metal  Repair of Prosthetic: Two or more abutments  Extractions: Single tooth  Oral Surgery: Difficult extraction	cs: Porcelain fused to high noble metal cs: Porcelain fused to metal butments: Maryland bridge retainer butments: Full cast crown w/porcelain veneer backing ervices: Crown with porcelain fused to base metal ervices: Crown with porcelain fused to noble metal osthetic: Two or more abutments Single tooth Each additional tooth Cofficult extraction		ADA Code Descr	73 06240 Bridge	74 06241 Bridge	75 06242 Bridge	76 06545 Crown	77 06750 Crown	78 06751 Prosth	79 06752 Prosth	80 06930 Repai	81 07110 Extrac	82 07120 Extrac	83 07210 Onal S	84 07220 Oral S	85 07230 Oral S	86 07240 Oral S	87 07241 Oral S	07840	00 0/310 0/313	07960	07960	07960 08020 08030	07960 08020 08030 08080	07960 08020 08030 08030 08080	07960 08020 08030 08030 08080 08399	07960 08020 08020 08030 08080 08399 08570	07960 07960 08020 08030 08080 08399 08570 08590	07960 08020 08030 08030 08080 08399 08570 08590 08590	07960 08020 08030 08030 08080 08399 08570 08590 08590 08590	07960 07960 08020 08030 08080 08399 08570 08590 08590 08590 08670 08670	07960 07960 08020 08030 08080 08080 08399 08570 08590 08599 08670 08670 08750 09310	07960 07960 08020 08030 08080 08399 08570 08590 08599 08670 08750 09310	07960 07960 08020 08030 08080 08399 08570 08590 08590 08590 08670 08750 08110
Manhattan Scheduled Amou			Description	Bridge Pontics: Porcelain fused to high noble metal	Bridge Pontics: Porcelain fused to metal	Bridge Pontics: Porcelain fused to metal	Crowns as Abutments: Maryland bridge retainer	vns as Abutments: Full cast crown w/porcelain veneer backing	thetic Services:Crown with porcelain fused to base metal	Prosthetic Services.Crown with porcelain fused to noble metal	Repair of Prosthetic: Two or more abutments	Extractions: Single tooth	Extractions: Each additional tooth	Oral Surgery: Difficult extraction	Oral Surgery: Soft tissue extraction		Oral Surgery: Partial bony impaction	Oral Surgery: Partial bony impaction Oral Surgery: Completely covered by bone	Oral Surgery: Partial bony impaction Oral Surgery: Completely covered by bone Oral Surgery: Removal of impacted tooth, completely bony, complicated	Surgery: Partial bony impaction Surgery: Completely covered by bone Surgery: Removal of impacted tooth, completely bony, complicated Surgery: incision and drainage of abscess	Oral Surgery: Partial bony impaction Oral Surgery: Completely covered by bone Oral Surgery: Removal of impacted tooth, completely bony, complicated Oral Surgery: incision and drainage of abscess Oral Surgery: Removal of labial frenum	Oral Surgery: Partial bony impaction  Oral Surgery: Completely covered by bone  Oral Surgery: Removal of impacted tooth, completely bony, complicated  Oral Surgery: incision and drainage of abscess  Oral Surgery: Removal of labial frenum  Orthodontics: limited treatment of transitional dentition <sup>(1)</sup>	Oral Surgery: Partial bony impaction Oral Surgery: Completely covered by bone Oral Surgery: Removal of impacted tooth, completely bony, complicated Oral Surgery: incision and drainage of abscess Oral Surgery: Removal of labial frenum Orthodontics: limited treatment of transitional dentition <sup>(1)</sup> Orthodontics: limited treatment of adolescent dentition <sup>(1)</sup>	Oral Surgery: Partial bony impaction  Oral Surgery: Completely covered by bone  Oral Surgery: Removal of impacted tooth, completely bony, complicated  Oral Surgery: incision and drainage of abscess  Oral Surgery: Removal of labial frenum  Orthodontics: limited treatment of transitional dentition <sup>(1)</sup> Orthodontics: limited treatment of adolescent dentition <sup>(1)</sup>	Oral Surgery: Partial bony impaction  Oral Surgery: Completely covered by bone  Oral Surgery: Removal of impacted tooth, completely bony, complicated  Oral Surgery: incision and drainage of abscess  Oral Surgery: Removal of labial frenum  Orthodontics: limited treatment of transitional dentition <sup>(1)</sup> Orthodontics: comprehensive treatment of adolescent dentition <sup>(1)</sup> Orthodontics: comprehensive treatment of adolescent dentition <sup>(1)</sup>	Oral Surgery: Partial bony impaction  Oral Surgery: Completely covered by bone  Oral Surgery: Removal of impacted tooth, completely bony, complicated  Oral Surgery: incision and drainage of abscess  Oral Surgery: Removal of labial frenum  Orthodontics: limited treatment of transitional dentition <sup>(1)</sup> Orthodontics: limited treatment of adolescent dentition <sup>(1)</sup> Orthodontics: comprehensive treatment of adolescent dentition <sup>(1)</sup> Orthodontics <sup>(1)</sup> :  Orthodontics <sup>(1)</sup> :	Oral Surgery: Partial bony impaction  Oral Surgery: Completely covered by bone  Oral Surgery: Removal of impacted tooth, completely bony, complicated  Oral Surgery: Incision and drainage of abscess  Oral Surgery: Removal of labial frenum  Orthodontics: limited treatment of transitional dentition <sup>(1)</sup> Orthodontics: limited treatment of adolescent dentition <sup>(1)</sup> Orthodontics: comprehensive treatment of adolescent dentition <sup>(1)</sup> Orthodontics <sup>(1)</sup> :  Orthodontics <sup>(1)</sup> :	Oral Surgery: Partial bony impaction  Oral Surgery: Completely covered by bone  Oral Surgery: Removal of impacted tooth, completely bony, complicated  Oral Surgery: Incision and drainage of abscess  Oral Surgery: Removal of labial frenum  Orthodontics: limited treatment of transitional dentition <sup>(1)</sup> Orthodontics: limited treatment of adolescent dentition <sup>(1)</sup> Orthodontics: comprehensive treatment of adolescent dentition <sup>(1)</sup> Orthodontics <sup>(1)</sup> :  Orthodontics <sup>(1)</sup> :  Orthodontics <sup>(1)</sup> :	Oral Surgery: Partial bony impaction  Oral Surgery: Completely covered by bone  Oral Surgery: Removal of impacted tooth, completely bony, complicated  Oral Surgery: Removal of labial frenum  Oral Surgery: Removal of labial frenum  Orthodontics: limited treatment of transitional dentition <sup>(1)</sup> Orthodontics: comprehensive treatment of adolescent dentition <sup>(1)</sup> Orthodontics <sup>(1)</sup> :  Orthodontics <sup>(1)</sup> :	Oral Surgery: Partial bony impaction  Oral Surgery: Completely covered by bone  Oral Surgery: Completely covered by bone  Oral Surgery: Removal of impacted tooth, 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adolescent dentition <sup>(1)</sup> Orthodontics <sup>(1)</sup> :  Orthodontics <sup>(1)</sup> :  Orthodontics <sup>(1)</sup> :  Orthodontics <sup>(1)</sup> :  Orthodontics: periodic treatment visit <sup>(1)</sup> Passive orthodontic treatment per 6 months of treatment max 18 months <sup>(1)</sup> Emergency Visit (Palliative)	Oral Surgery: Partial bony impaction  Oral Surgery: Completely covered by bone  Oral Surgery: Removal of impacted tooth, completely bony, complicated  Oral Surgery: Removal of labial frenum  Orthodontics: limited treatment of transitional dentition <sup>(1)</sup> Orthodontics: limited treatment of adolescent dentition <sup>(1)</sup> Orthodontics: comprehensive treatment of adolescent dentition <sup>(1)</sup> Orthodontics <sup>(1)</sup> :  Orthodontics periodic treatment visit <sup>(1)</sup> Passive orthodontic treatment per 6 months of treatment max 18 months <sup>(1)</sup> Emergency Visit (Palliative)  Consultation (provided by dentist other than treating dentist)	Surgery: Partial bony impaction  Surgery: Completely covered by bone  Surgery: Removal of impacted tooth, completely bony, complicated  Surgery: Removal of impacted tooth, completely bony, complicated  Surgery: Incision and drainage of abscess  Surgery: Removal of labial frenum  odontics: limited treatment of transitional dentition <sup>(1)</sup> odontics: Imited treatment of adolescent dentition <sup>(1)</sup> odontics: comprehensive treatment of adolescent dentition <sup>(1)</sup> odontics <sup>(1)</sup> :  odontics <sup>(1)</sup> :  odontics <sup>(1)</sup> :  odontics <sup>(1)</sup> :  odontics: periodic treatment visit <sup>(1)</sup> odontics: periodic treatment visit <sup>(1)</sup> ive orthodontic treatment per 6 months of treatment max 18 months <sup>(1)</sup> rgency Visit (Palliative)  sultation (provided by dentist other than treating dentist)	Oral Surgery: Partial bony impaction Oral Surgery: Completely covered by bone Oral Surgery: Removal of impacted tooth, completely bony, complicated Oral Surgery: Incision and drainage of abscess Oral Surgery: Removal of labial frenum Orthodontics: limited treatment of transitional dentition <sup>(1)</sup> Orthodontics: limited treatment of adolescent dentition <sup>(1)</sup> Orthodontics: comprehensive treatment of adolescent dentition <sup>(1)</sup> Orthodontics <sup>(1)</sup> : Orthodontics periodic treatment visit <sup>(1)</sup> Emergency Visit (Palliative) Consultation (provided by dentist other than treating dentist) Codes will no longer be effective as of 2001; refer to CDT-3 list
	Westchester Scheduled Amount	Manhattan	Scheduled Amou						Le																					,-		22-6	220	
Other Scheduled Amount			Projected # of Non Pa					2 × 2				43																						
Other Scheduled Projected # of Services Amount Par Non Par To	Projected # of Par Non Pa		Services	₽		4.6								3		3																		

Total

May 18, 2000

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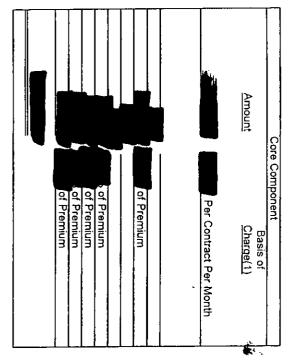
## for the Period 1/1/2001 - 12/31/2001 Group I and Group II Combined Retention Exhibit

# Administrative Fees

Administrative Fee (2)

NYS Ins. Department Assessment Contribution to Surplus All Other Taxes ("Describe") State Premium Tax Other Retention(4) Risk Charges Income Tax Cash Flow Charge/(Credit)(3)

Total Retention(5)



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,

 $\Xi$ 

% of net premium, etc.

- 3 included runout claims expenses in the administrative fee. The runout claims expenses are included This amount shall cover all administrative expenses including communication costs. GHI has not in the claim reserves,
- <u>ت</u> Answer the following Questions:

What is the interest index on positive cash balances

What is the interest index on negative cash balances.

Provide a worksheet presenting the calculation of the estimate.

**£** List seperately and explain in detail other retention charges not previously listed

මගි Statutory Reserve

Enhancement component: Core component:

> Three Month US Treasury Bill rate Three Month US Treasury Bill rate

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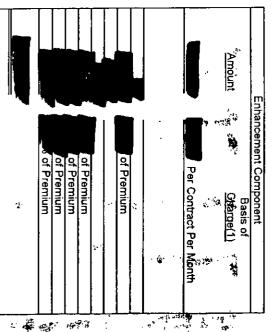
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Should match Total Retention amount shown in Exhibit IV.B, and IV.B1.

Quote an administrative fee assuming PEF and C82 enrollees were included in the Active Program:

Per Contract Per Month Per Contract Per Month



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### 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

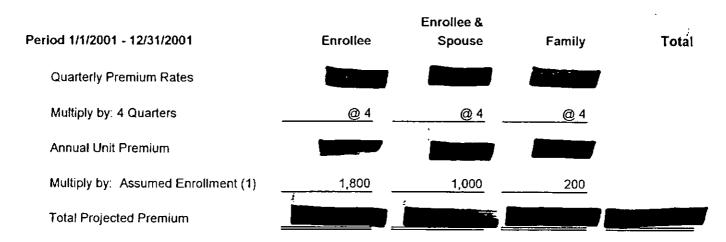
Period 1/1/2001 - 12/31/2001	Enrollee	Enrollee & Spouse	Family	Total
Quarterly Premium Rates				
Multiply by: 4 Quarters	@ 4	@4	@4	
Annual Unit Premium				
Multiply by: Assumed Enrollment (1)	1,800	1,000	200	
Total Projected Premium				

(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



(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**

### **Claims**

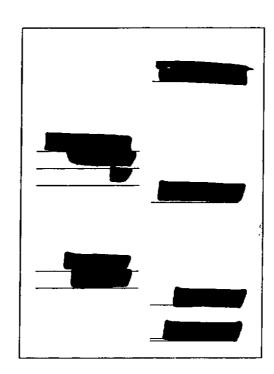
Net Paid Claims Plus: Ending Reserves(2) Less: Beginning Reserves

**Incurred Claims** 

#### Retention

Total Administrative Fee Other
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.

May 18, 2000

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

Retiree Dental Program (Plan #1)

Total

**Net Paid Claims** 

Net Paid Claims(1)



### **Ending Reserve**

Incurred But Not Reported (IBNR) Margin on Reserve Administrative Expense

Total Ending Reserve(1)



(1) Should agree with Exhibit IV.G.

Total	Preventative and Diagnostic Services Restorations and All Other Services	Description
		ADM Participating Provider  Codes Utilization(1) Average Fee(2) Amount(3)
14,187  Less Deductible  Less COB  Total Incurred Claims	10,502 3,685	Non Participating Provider Utilization(1) Average Fee(2) Amount(3)
		Total Amount

Represents the number of services.
 Represents the average reimbursement amount.
 Represents the Plan liability prior to COB and deductible.

# Retiree Program Participating Provider Schedule of Services and Utilization

9				Root Canal Therapy: One tooth, one canal filled	03310	38
1			, Tr	Inlays used as Abutments: post w/or w/out coping	02954	37
				Cast post and core in addition to crown	02952	36
	2			Repair of Prosthetic: Crown or facing	02920	35
- 1				L	02892	ž
	1					33
			التعد		02792	32
1						<u>س</u>
			4	L		18
ĺ				Prosthetic Services: CrowN with porcelain fused to noble metal	Γ	29
		2.5		L	Γ	28
1					Γ	27
					Γ	26
		-			Ī	25
_				L	Γ	24
1					Γ	23
	37			Ŀ	Т	22
				L	Γ	2
	=			L		2 2
1			7 ±		Π	19
		76.		L	П	18
		-		L		17
				L		16
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ı		7		L	Γ	14
				L		13
				L	Γ	12
-				L	Γ	<u>_</u>
					00330	10
					00270	9
					00230	8
	4				00220	7
İ					00210	<u></u>
				L	00150	5
1						4
				Emergency oral exam	Γ	ω
ı			2		00120	2
				L	00110	
Non Par	Par	Par	Par	_	ADA Code	
Amount	Amount	Amount	Amount		· •	
Scheduled	Scheduled	Scheduled	ocneduled			

Retiree Program
Participating Provider Schedule of Services and Utilization

						Partial Dentures: rebasing or relining, full lower jaw	05751	75
						Partial Dentures: rebasing or relining, full upper jaw	05750	74
			la			Partial Dentures: new clasp to existing partial denture	05660	73
		1#7	, ,	,		Partial Dentures: additional tooth	05650	72
					-	Repair of Prosthetic: replace broken teeth in denture	05640	71
						Repair of Prosthetic: broken clasp	05630	70
				Electric Control		Partial Dentures, upper jaw <sup>(1)</sup>	05294	69
						Partial Dentures, upper jaw <sup>(1)</sup>	05292	68
						Partial Dentures: upper jaw (similar to code 05214)	05261	67
						Partial Dentures <sup>(1)</sup>	05260	66
						Partial Dentures <sup>(1)</sup>	05251	65
						Partial Dentures: upper jaw (similar to code 05213)	05241	2
			i i		7	Partial Dentures <sup>(1)</sup>	05240	63
						Partial Dentures <sup>(1)</sup>	05231	62
						Partial Dentures <sup>(1)</sup>	05218	61
						Partial Dentures <sup>(1)</sup>	05216	8
						Partial Dentures: bilateral chrome cobalt alloy lower jaw	05214	59
		20	,		-	Partial Dentures: bilateral chrome cobalt alloy upper jaw	05213	58
						Partial Dentures, upper jaw	05211	57
						Dentures	05140	56
						Dentures: Immediate, maxillary	05130	55
						Dentures: Full permanent lower jaw	05120	2
						Dentures: Full permanent upper jaw	05110	53
			3		"	Periodontal maintenance procedure, following active therapy	04910	52
						Periodontal treatment	04345	51
						Periodontal scaling and root planing, per quadrant	04341	50
				7		Periodontal treatment (similar to code 04355)	04340	49
		2				Osseous graft - single site	04261	48
						Osseous surgery-per quadrant min 5 teeth	04260	47
						Osseous surgery-per tooth (similar to code 04263)	04259	46
		20.				Gingival Curettage, surgical, per quadrant	04220	45
						Gingivectomy or Gingivoplasty per quadrant min 5 teeth	04210	44
						Periapical Services: Apicoectomy, including root canal filling	03420	43
						Root Canal Therapy Retreatment-3 Canals	03348	42
						Root Canal Therapy	03347	41
						Root Canal Therapy - 3 Canals	03330	40
Non Par Total	Far	NOD PAR		2		Root Canal Therapy: One tooth, two canal filled	03320	39
	,	Amount	Amount	Amount	Par	de Description	ADA Code	
Projected # of Services	Proje	Scheduled	Scheduled	Scheduled	Scheduled			
			Culei	AAASICHESIBL	ייים ומנומוו			

# Retiree Program Participating Provider Schedule of Services and Utilization

	-				(1)	ſ
					100 09310  Consultation (provided by dentist other than treating dentist)	10
					99 09110 Emergency Visit (Palliative)	9
				á	98 08670 Orthodontics: periodic treatment visit <sup>(1)</sup>	٥
					97 08599 Orthodontics <sup>(1)</sup> .	٥
					96 08590 Orthodontics <sup>(1)</sup> :	G G
				/ <b>.</b> ~	95 08399 Orthodontics <sup>(1)</sup> .	٩
	20 21				94 08030 Orthodontics: limited treatment of adolescent dentition(1)	٩
		5			93 07250 Oral Surgery	؈
					92 07240 Oral Surgery: Completely covered by bone	<u>_</u>
				2.75		<sub>S</sub>
					90 07210 Oral Surgery: Difficult extraction	6
					89 07120 Extractions: Each additional tooth	8
				_		
# Z # A					87 06930 Repair of Prosthetic: Two or more abutments	
	e k				86 06791 Crowns: full cast with base metal	<b>8</b>
	er e				85 06752 Prosthetic Services: Crown with porcelain fused to noble metal	69
	~				06751	
	in the				06750	
	,				82 06640 Repair of Prosthetics: replace facing on pontic or crown <sup>(1)</sup>	
					81 06242 Bridge Pontics: Porcelain fused to metal	8
					80 06241 Bridge Pontics: Porcelain fused to metal	8
		2110			79 06240 Bridge Pontics: Porcelain fused to high noble metal	7
		37			78] 06051 Crown over implant (similar to code 02751)	7
		0		<u> </u>	77 05761 Partial Dentures: rebasing or relining, partial lower jaw	7
					76 05760 Partial Dentures: rebasing or relining, partial upper jaw	_
Par Non Par Total	Non	Par	Par	Par	ADA Code Description	
	Amount	Amount	Amount	Amount		
Projected # of Services	Scheduled	Scheduled	Scheduled	Scheduled		
		Other	Westchester	Manhattan		

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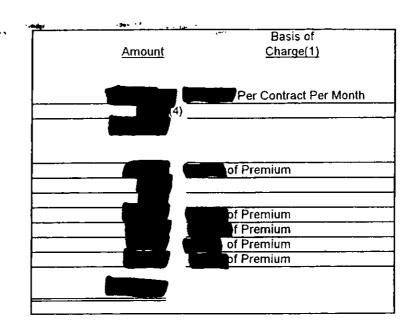
### Retiree Program (Plan #1) Retention Exhibit for the Period 1/1/2001 - 12/31/2001

### **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)



- (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 seperately 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.