

Guardian/E.MAP Dental Options

- For groups of 10 to 149 employees located in Blair, Bedford, Cambria and Somerset counties who join E.MAP
(For groups with employees outside the above mentioned counties, please call the Pittsburgh sales office)
- Rates valid for plans with effective dates of 7/1/06 to 12/31/06 (rates guaranteed for 12 months after effective date)
- The greater of 10 participants or 75% of the eligible employees is required (Voluntary option available - see bottom of second page)
- Contributory

E.MAP PPO Plan 1

Coverage Category	In Network	Out of Network
Preventive	100%	100%
Basic	100%	80%
Major	60%	50%
Orthodontics	50%	50%
Orthodontics Maximum		\$1,000
Annual Maximum		\$1,000

Rates	With \$50 Deductible*		With \$25 Deductible*		With \$0 Deductible*	
	Single	Family	Single	Family	Single	Family
Value Rates ¹	\$16.64	\$51.18	\$17.49	\$54.28	\$18.44	\$56.71
With Optional Ortho	\$16.64	\$58.12	\$17.49	\$61.21	\$18.44	\$63.64
NAP Rates ²	\$21.87	\$67.24	\$22.97	\$71.32	\$24.23	\$74.50
With Optional Ortho	\$21.87	\$74.18	\$22.97	\$78.25	\$24.23	\$81.44

*Waived for Preventive Services, three deductibles per family

Increase rates by 5% for groups who do not currently have dental coverage

E.MAP PPO Plan 2

Coverage Category	In Network	Out of Network
Preventive	100%	80%
Basic	80%	70%
Major	50%	40%
Orthodontics	50%	50%
Orthodontics Maximum		\$1,000
Annual Maximum		\$1,000

Rates	With \$50 Deductible*		With \$25 Deductible*		With \$0 Deductible*	
	Single	Family	Single	Family	Single	Family
Value Rates ¹	\$14.30	\$43.51	\$15.03	\$46.07	\$15.77	\$47.98
With Optional Ortho	\$14.30	\$50.45	\$15.03	\$53.00	\$15.77	\$54.91
NAP Rates ²	\$18.19	\$55.34	\$19.11	\$58.59	\$20.06	\$61.02
With Optional Ortho	\$18.19	\$62.27	\$19.11	\$65.52	\$20.06	\$67.95

*Waived for Preventive Services, three deductibles per family

Increase rates by 5% for groups who do not currently have dental coverage

E.MAP PPO Plan 3

Coverage Category	In Network	Out of Network
Preventive	100%	100%
Basic	100%	80%
Major	0%	0%
Orthodontics	NA	NA
Orthodontics Maximum		NA
Annual Maximum		\$1,000

Rates	With \$50 Deductible*		With \$25 Deductible*		With \$0 Deductible	
	Single	Family	Single	Family	Single	Family
Value Rates ¹	\$12.07	\$36.33	\$12.67	\$38.36	\$13.63	\$41.01
NAP Rates ²	\$15.88	\$47.79	\$16.67	\$50.46	\$17.93	\$53.95

*Waived for Preventive Services, three deductibles per family

Increase rates by 5% for groups who do not currently have dental coverage

E.MAP Plan 4

	Any Provider
Preventive	100%
Basic	80%
Major	50%
Orthodontics	Optional at 50%
Orthodontics Maximum	Optional at \$1,000
Annual Maximum	\$1,000

Rates	With \$50 Deductible*		With \$25 Deductible*		With \$0 Deductible	
	Single	Family	Single	Family	Single	Family
Value Rates ¹	\$15.94	\$48.50	\$16.75	\$51.35	\$17.58	\$53.48
With Optional Ortho	\$15.94	\$55.43	\$16.75	\$58.28	\$17.58	\$60.41
NAP Rates ²	\$21.51	\$65.45	\$22.60	\$69.29	\$23.72	\$72.17
With Optional Ortho	\$21.51	\$72.38	\$22.60	\$76.23	\$23.72	\$79.10

*Waived for Preventive Services, three deductibles per family

Increase rates by 5% for groups who do not currently have dental coverage

E.MAP Plan 5

	Any Provider
Preventive	100%
Basic	80%
Major	0%
Orthodontics	NA
Orthodontics Maximum	NA
Annual Maximum	\$1,000

Rates	With \$50 Deductible*		With \$25 Deductible*		With \$0 Deductible	
	Single	Family	Single	Family	Single	Family
Value Rates ¹	\$11.62	\$34.70	\$12.19	\$36.59	\$13.01	\$38.88
NAP Rates ²	\$15.67	\$46.83	\$16.45	\$49.38	\$17.56	\$52.47

*Waived for Preventive Services, three deductibles per family

Increase rates by 5% for groups who do not currently have dental coverage

If orthodontics is added to E.MAP PPO Plans 1, 2, or 4, it must be added for every family

Voluntary Dental Option

If group qualifies for ESP (Enrollment Success Plan), multiply rates by 1.15 (Group must have 50+ eligible employees and minimum of 10 participants) Otherwise, multiply rates by the following: 65-74% participation - 1.07, 50-64% participation - 1.15, 35-49% participation - 1.22

Additional Guardian plan designs are available through E.MAP at a guaranteed minimum 10% off of standard pricing

Preferred pricing is also available for groups with 150+ employees through E.MAP

¹Value Rates - Claims for providers that are not in the Guardian network are paid to the limits of the in network fee schedule.

Use network providers to avoid risk of balance billing and claim forms.

²NAP Rates - Claims for providers that are not in the Guardian network are paid at R&C at the 90th percentile, thereby limiting balance billing.

