

**Delta Dental PPO
Preferred Provider Organization
Rate Quotations and Plan Specifications**

For

DATE OF PROPOSAL
PROPOSED EFFECTIVE DATE
BROKER/AGENT
OF EMPLOYEES

February 29, 2016
April 1, 2016
Oswaldo Carpentino

The rate quotation is valid for a period of ninety (90) day and is contingent upon the accuracy of the census data provided. The final acceptance of these rates are guaranteed for **TWELVE (12)** months period. Delta Dental reserves the right to amend this information as necessary.

PLAN SPECIFICATIONS

Accepted by: _____

Description of Services

	<u>Delta Dental PPO</u>	<u>Delta Dental PPO</u>
Diagnostic & Preventive Services	100%	100%
Basic Restorative Services	70%	70%
<i>Resin based composite - all surfaces, posterior</i>	70%	70%
Crowns & Prosthodontics	50%	50%
Orthodontic Services	NAB	50%

Maximum Benefits

	<u>Maximum</u>	<u>Maximum</u>
Calendar Year Maximum per Insured of	\$1,000	\$1,000
Lifetime Orthodontia Maximum per Insured of	NAB	\$1,000

Description of Deductible

	<u>Deductible</u>	<u>Deductible</u>
Deductible per person per calendar year	N/A	N/A
Deductible per family per calendar year	N/A	N/A
Deductible applicable to D&P Services	N/A	N/A

Eligible

	<u>Eligible for Dental Care in this policy</u>
Regular Dental Services	Employee, Spouse, Children up to 26 yrs
Orthodontic Services	NAB <u>Adults & Children</u>

MONTHLY PREMIUM RATES

Employee
Couple
Family

Minimum employee participation: 100%
100% Employer Contribution of Employee Cost Required

This quotation is based on the data provided by the agent/broker. Delta Dental of Puerto Rico, Inc. reserves the right to change the quoted rates and/or benefits, if any of the information provided changes or if the client fails to comply with the minimum number of participating employees quoted.