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## **Dental Benefits Proposal for Massachusetts Society of CPAs**

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## I. INTRODUCTION

Olympia Limited Health Services Organization (LHSO), Inc. is pleased to present this group dental benefits proposal for **Massachusetts Society of CPAs**.

Olympia, founded in 1986, provides managed dental and vision care benefits to groups and individuals through its Exclusive Provider Organization Dental Network (EPO). With more than 125,000 members in Illinois, our unique dental plans offer unlimited dental benefits at affordable prices while maintaining superior quality and exceptional customer service. We focus on local businesses in Illinois by developing and offering innovative dental plans to meet the needs of small to midsize employer groups.

Olympia recently introduced a national Preferred Provider Organization Dental Network (PPO). Through its partnership with Madison National Life, Olympia's DentaSelect Plan, a national network, provides our clients with the freedom to choose from over 68,000 dental locations across the country and can be offered as a dual option with Olympia's EPO in Illinois.

When designing employee benefit plans, cost is often a major obstacle for the employer. As costs increase, employer group administrators are forced to make difficult decisions:

- Should employee benefits be reduced to offset premium increases?
- Should employees pay for most or all of their group benefits?
- Should employers discontinue offering specific benefits?

Olympia's dental plans are unique. We provide a solution by offering cost effective plans with extensive benefits, maintaining competitive yet stable premiums. Over the past several years, Olympia premiums have remained consistent, falling far below the average national increase of 8%. As costs for other benefits continually increase, it is important to work with a carrier that continually identifies ways to provide affordable dental care.

Thank you for considering Olympia LHSO, Inc. We look forward to the opportunity in becoming your dental benefits partner. Should you have any questions, please contact us at 800.810.0051.

## II. COMPANY PROFILE

Olympia Limited Health and Services Organization (LHSO), Inc. established in 1986 is the premier managed dental and vision care organization in Illinois. An LHSO is defined as an organization that specializes in a specific health related service. In 1991 Olympia was the first licensed LHSO in Illinois offering dental services and was designated by the Illinois Department of Insurance as the preferred “model” for future LHSO applicants. Today, Olympia is the largest independent LHSO and is the only one to offer both dental and vision plans. As an organization focused on providing innovative plans, we are the “benefits” experts in the market we serve.

Olympia was founded by Dr. Barry L. Kramer, a former practicing dentist for over 34 years. His vision of providing “Plans with imagination and coverage with care” holds true today. As President and CEO of Olympia, Dr. Kramer and his staff have developed an EPO network of over 300 dentists and specialists in the greater Chicago area. Olympia’s unique peer review processes and network credentialing protocols provide value added benefits to its members.

Our strong consideration and commitment to our client groups, their employees, and our dental centers result in superior levels of satisfaction and oral health care for our members.



**III. DENTAL PLAN DESIGN**

Olympia LHSO, Inc. is pleased to present the following PPO dental plan effective **9/1/2007** for **Massachusetts Society of CPAs**. The network, through an alliance with Madison National Life, provides access to over 1500 dental providers in Illinois and over 68,000 dental locations nationally.

DentaSelect is a national, seamless, credentialed dental PPO network that provides dental benefits to more than 3.5 million people. Dentists participating in this network have agreed to accept a discounted fee schedule which averages 25% to 40% below usual and customary fees resulting in financial savings to our members.

The DentaSelect PPO can be added as an overlay to an existing dental plan or can be implemented with benefit incentives for in-network services.

**OPTION I**

	<b>In-Network</b>	<b>Out-Of-Network</b>
Maximum/calendar year/individual	<b>\$1,200</b>	<b>\$1,200</b>
Orthodontic Lifetime Maximum	<b>N/A</b>	<b>N/A</b>
Annual Individual Deductible	<b>\$50</b>	<b>\$50</b>
Annual Family Deductible	<b>\$150</b>	<b>\$150</b>

(Deductibles apply to Basic and Major Benefits only)

Percentage of Payment by Olympia LHSO, Inc.

**OPTION I**

	<b>In-Network</b>	<b>Out-Of-Network</b>
Preventive Benefits	<b>100%</b>	<b>100%</b>
Basic Benefits	<b>80%</b>	<b>80%</b>
Major Benefits	<b>50%</b>	<b>50%</b>
Orthodontic Benefits	<b>N/A</b>	<b>N/A</b>

Waiting Periods

Major Benefits 12 months

Additional Benefits

Sealants Basic

A complete description of covered services, limitations and exclusions is available in the Certificate of Insurance. Members who receive services from non-participating providers are subject to balance billing.



## IV. SUMMARY OF COVERED BENEFITS

<b>Covered Procedures</b>	<b>Insured PPO Percent In/Out of Network</b>
<b>PREVENTIVE CARE</b>	
Prophylaxis - twice per calendar year	100%/100%
Fluoride - one topical application of sodium fluoride or stannous fluoride for dependent children, under age 18 twice per calendar year	100%/100%
<b>DIAGNOSTIC CARE</b>	
Routine oral exams - twice per calendar year	100%/100%
Bitewing x-rays - set of 4 per calendar year. Vertical bitewing x-rays - 1 set every 36 months.	100%/100%
Full mouth x-ray - once in a 36 consecutive month period	100%/100%
Periapicals - 5 films per year	100%/100%
Test and laboratory exams related to dental procedures and second opinions	100%/100%
<b>BASIC CARE</b>	
Sealant - for dependents under age 15. Only one treatment per tooth (permanent posterior only) or quadrant during a 60 consecutive month period	80%/80%
Space maintainers - the initial appliance for dependent children to age 18, including all adjustments within the 6 month period immediately following installation.	80%/80%
Amalgam and composite fillings - limited to once every two years per tooth (same surfaces only)	80%/80%
Simple extractions	80%/80%
Palliative treatment if no other service was rendered except x-rays	80%/80%
<b>MAJOR CARE</b>	
Endodontic treatment and related surgery, including root canal therapy and pul capping, pulpotomy. Re-treatment of root canal must be at least 3 years following previous root canal treatment	50%/50%
Periodontal treatment and treatment of other diseases of the gums and tissues of the mouth, except splinting. (Periodontal scaling is limited to 4 quadrants in a consecutive 12 month period. Periodontal prophylaxis/maintenance visits are limited to 2 each year following a history of perio disease).	50%/50%
Maintenance prosthodontics - one denture reline or rebase in a 36 consecutive month period.	50%/50%
Tissue conditioning - 2 treatments per arch within 24 consecutive month period.	50%/50%
Oral surgery and anesthesia or I.V. sedation for same, except for pre-orthodontics oral surgery.	50%/50%
Inlays, onlays, crown (single restoration)	50%/50%
Prosthodontics - installation of bridges or partial or full dentures, including adjustments made within 6 months after installation. Treatment must begin after the Covered Person's Effective Date of coverage under this Certificate. Covered only as treatment for decay or traumatic injury and only when both cannot be adequately restored with a filling material.	50%/50%

## V. OLYMPIA LHSO, INC. UNDERWRITING GUIDELINES

**This proposal is based on the following assumptions. All underwriting guidelines must be satisfied for a contract to be issued.**

- This enrollment must represent a minimum of 10 contracts on initial implementation and on the yearly anniversary date.
- All employees must enroll in the Dental Plan through payroll deduction and must remain in the Plan a minimum of one (1) year.
- Annual Individual and Family Deductibles do not apply to Preventive Benefits.
- The term “dependent” shall include any unmarried child who is less than 19 years of age or up to age 25 if the Member supplies evidence to Dental Care Plus that the child is a full-time student at an accredited educational institution.
- Rates are guaranteed for one (1) year from the effective date of the Plan.
- Employee eligibility must follow guidelines comparable to other benefit programs offered by the employer.
- Pre-existing conditions are defined as work in progress or missing teeth.
- If the Member is receiving orthodontic treatment on the effective date, DentaSelect Plus will supplement the payments made under the other Benefit Plan(s) up to DentaSelect Plus' Lifetime Maximum.

**If any of the above conditions change, it may result in an increase or decrease in the quoted rates.**

**VI. PLAN RATES****DentaSelect PPO Monthly Rates**Assumed Effective Date: **9/1/2007**

<b>Tier</b>	<b>Monthly Rate*</b>
	<b><i>Option I</i></b>
Single	\$33.64
EE Plus Dependent	\$67.28
Family	\$120.09

- These rates include the Total Vision Services Plan at no extra cost. Declining the vision plan will not lower the rate

Olympia LHSO, Inc. provides over 20 years of dental expertise, including a multi-lingual staff fluent in English, Spanish and Polish. Our customer service department is available Monday through Friday from 8:30 am to 4:30 pm (Central Time), and includes a team cross-trained in all facets of customer service related issues. Questions are resolved immediately on the initial call. In addition, our extensive website offers 24-hour access to the following:

- Dental Provider Directory
- Dentist Locator
- Dentist Nomination Forms
- Specific Plan Benefits

**For inquiries regarding PPO plans please contact:**

**DentaSelect/GroupLink**  
Toll Free: 1-866-666-9848