

**Central Region School Insurance Group
2012 Dental Pool Rates
Premier Plans**

CRSIG/Delta Premier Plan (UCR) Fee Concept CRSIG/Delta Premier Plan, 70/80/90/100	<u>Incentive Plan Parameters</u>		
		Plan/Patient	
	Diagnostic & Preventive	70/30	1st Year
	Other Basic Services	80/20	2nd year
	Crowns & Cast Restoration	90/10	3rd Year
Dental Accident	100/0	4th Year	

\$1,000 Maximum per Patient per Calendar Year		ONE PARTY	TWO PARTY	THREE PARTY	COMPOSITE
	Active Employees and Dependents	\$59.33	\$120.51	\$174.06	\$127.69
	Retirees	\$61.83	\$133.84	\$162.16	N/A

\$2,000 Maximum per Patient per Calendar Year		ONE PARTY	TWO PARTY	THREE PARTY	COMPOSITE
	Active Employees and Dependents	\$62.22	\$125.51	\$179.94	\$133.00
	Retirees	\$64.91	\$138.16	\$167.42	N/A

Orthodontic Add-In Costs, 50/50 Co-Payment Applies
(These options may be added to the base plans above to determine enhanced plan rates)

\$2,000 Lifetime Maximum Children and Adult		ONE PARTY	TWO PARTY	THREE PARTY	COMPOSITE
	Active Employees and Dependents	\$1.67	\$4.87	\$21.93	\$12.99
	Retirees	\$1.67	\$5.34	\$24.97	N/A

\$2,000 Lifetime Maximum Children Only		ONE PARTY	TWO PARTY	THREE PARTY	COMPOSITE
	Active Employees and Dependents	N/A	\$1.86	\$18.70	\$10.18
	Retirees	N/A	\$2.11	\$21.48	N/A

\$500 Lifetime Maximum Children Only		ONE PARTY	TWO PARTY	THREE PARTY	COMPOSITE
	Active Employees and Dependents	N/A	\$0.61	\$5.96	\$3.23
	Retirees	N/A	\$0.67	\$6.86	N/A

0% Increase