

## Rayant Insurance Company of Pennsylvania

### Second Quarter 2008 Pennsylvania Small Group Dental Rates

Our rates have been extended yet again and are valid for effective dates through June 30, 2008. Rates for business written with these effective dates are guaranteed for one year.

#### Quick overview

##### **Rayant Dental PPO Plan:**

- Our most competitive rates.
- PPO dentists.
- Out-of-network reimbursement based on our PPO allowance.

##### **Rayant Dental Option Plan (DOP)\*:**

- Competitive rates.
- Traditional and PPO dentists; our largest network.
- Out-of-network reimbursement based on our MAC (Maximum Allowable Charge), which is higher than the PPO allowance used for the PPO plans.

##### **Rayant DOP Plus\*:**

- Members receive 100/90/60 benefits when visiting a participating PPO dentist.
- Members receive 100/80/50 benefits when visiting a participating Traditional dentist or when they are out of network.

**\* Employees have the option of selecting from our vast network of dentists located in Pennsylvania, New Jersey and New York and also have access to in-network coverage at over 75,000 access points nationwide.**

#### **Create your own design:**

You can now change maximums, deductibles and out-of-network reimbursement levels by applying the following factors to the Rayant Insurance Company of Pennsylvania rates:

- \$1,250 max.: +4%
- \$1,500 max.: +7.5%
- \$25/\$75 deductible: +9%
- \$75/\$225 deductible: -3%
- \$100/\$300 deductible: -6%
- 90<sup>th</sup> percentile out-of-network reimbursement: +6%\*

\* For groups with more than 10 employees who purchase the DOP or DOP Plus plan only, the out-of-network reimbursement can be increased to the 90th percentile by adding 6 percent to the rates.

Employers or members having no prior dental coverage or limited coverage will be subject to a 6-month waiting period for major services and orthodontia. This waiting period can be waived with proof of prior coverage for such services. If you don't apply for coverage for yourself or your dependents when you first become eligible (or if you end your coverage), you must wait at least 18 months after the last time you could have obtained coverage if you didn't apply, or at least 18 months after the date you ended your coverage.

**Questions?** Please call your Pennsylvania General Agent or the Rayant contact below:

**Mary McGill**

**Phone: 1-215-561-3673**

**Fax: 1-267-613-8093**



**Rayant Insurance Company of Pennsylvania**

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Products are underwritten by Rayant Insurance Company of Pennsylvania.  
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Send correspondence to Three Penn Plaza East, Newark, NJ 07105-2200.

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**Small Group (2 to 50 lives)  
Rayant Dental PPO  
(Preferred Provider Organization) Plans**

**Rayant Insurance Company of Pennsylvania**

(For Bucks, Chester, Delaware,  
Montgomery and Philadelphia counties)

A Horizon Company

Plan: Group size (eligible):	PPO A 2 to 50	PPO B 2 to 50	PPO C 2 to 9	PPO D 10 to 50	PPO E 10 to 50
<b>Benefits/Options</b>					
Diagnostic and Preventive Services (Exams, X-rays, Prophylaxis, Fluoride Treatment, Sealants, etc.)	100%	100%	100%	100%	100%
Basic Services (Repair of Dentures, Fillings, Periodontic Exams, Extractions, Oral Surgery, Root Canal Therapy, etc.)	80%	100%	80%	80%	80%
Major Services (Onlays and Crowns, Fixed Bridges, etc.)	N/A	N/A	50%	50%	50%
Orthodontics	N/A	N/A	N/A	N/A	50%
<b>Deductible</b> (applies to all Basic and Major services)	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
<b>Calendar Year Maximum</b>	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
<b>Orthodontic Lifetime Maximum</b>	N/A	N/A	N/A	N/A	\$1,000
<b>Child/Students/Ortho Covered to Age</b>	19/23/NA	19/23/NA	19/23/NA	19/23/NA	19/23/19
<b>Rates</b>					
<b>Two-Tier Rates</b>					
Single	\$15.93	\$17.92	\$26.39	\$23.32	\$23.32
Family	\$46.02	\$50.89	\$67.80	\$59.96	\$67.31
<b>Four-Tier Rates</b>					
Single	\$15.93	\$17.92	\$26.39	\$23.32	\$23.32
Husband and Wife	\$32.08	\$35.84	\$52.78	\$46.68	\$46.68
Family	\$55.76	\$61.29	\$80.31	\$71.02	\$81.52
Parent and Child(ren)	\$34.52	\$37.83	\$47.91	\$42.39	\$50.64

Group size	Participation requirements (Spousal Waivers count toward participation)	Employer contribution
2 to 9	100%	50% of total cost or
10+	75%	100% of single rate

Change options by applying factor:
\$1,250 Max.: +4.0%, \$1,500 Max.: +7.5%
\$25/\$75 Deductible: +9.0%
\$75/\$225 Deductible: -3.00%
\$100/\$300 Deductible: -6.0%

**Rayant Dental PPO Plan**

**In network**

As a Preferred Provider Organization Plan, the Rayant Dental PPO Plan, offers the lowest fees available to our members through our Rayant Dental PPO Network of participating dentists. These dentists accept our reduced allowances as payment in full, less any applicable deductible and/or coinsurance.

**Out of network**

With an out-of-network option, members may go to a nonparticipating dentist and may have to pay the dentist his/her usual fees in advance. Members must then file claims for reimbursement, which is based on our reduced allowances. Members are responsible for any charges in excess of these amounts.

Rates are effective for dates through June 30, 2008, and are guaranteed for 12 months. Standard Rayant Insurance Company of Pennsylvania exclusions and limitations apply. Benefits listed are for illustrative purposes only. This is a brief description of covered services available. Actual services may vary by contract. Please refer to the contract for a more detailed description of covered services as well as limitations and exclusions.

Employers or members having no prior dental coverage or limited coverage will be subject to a 6-month waiting period for major services and orthodontia. This waiting period can be waived with proof of prior coverage for such services. If you don't apply for coverage for yourself or your dependents when you first become eligible (or if you end your coverage), you must wait at least 18 months after the last time you could have obtained coverage if you didn't apply, or at least 18 months after the date you ended your coverage.



**Rayant Insurance Company of Pennsylvania**

A Horizon Company

(For Bucks, Chester, Delaware, Montgomery and Philadelphia counties)

Plan: Group size (eligible):	DOP A 2 to 50	DOP B 2 to 50	DOP C 2 to 9	DOP D 10 to 50	DOP E 10 to 50
<b>Benefits/Options</b>					
Diagnostic and Preventive Services (Exams, X-rays, Prophylaxis, Fluoride Treatment, Sealants, etc.)	100%	100%	100%	100%	100%
Basic Services (Repair of Dentures, Fillings, Periodontic Exams, Extractions, Oral Surgery, Root Canal Therapy, etc.)	80%	100%	80%	80%	80%
Major Services (Onlays and Crowns, Fixed Bridges, etc.)	N/A	N/A	50%	50%	50%
Orthodontics	N/A	N/A	N/A	N/A	50%
<b>Deductible (applies to all Basic and Major services)</b>	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
<b>Calendar Year Maximum</b>	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
<b>Orthodontic Lifetime Maximum</b>	N/A	N/A	N/A	N/A	\$1,000
<b>Child/Students/Ortho Covered to Age</b>	19/23/NA	19/23/NA	19/23/NA	19/23/NA	19/23/19
<b>Rates</b>					
<b>Two-Tier Rates</b>					
Single	\$17.84	\$20.07	\$29.56	\$26.12	\$26.12
Family	\$51.54	\$56.99	\$75.93	\$67.15	\$74.50
<b>Four-Tier Rates</b>					
Single	\$17.84	\$20.07	\$29.56	\$26.12	\$26.12
Husband and Wife	\$35.93	\$40.14	\$59.11	\$52.29	\$52.29
Family	\$62.45	\$68.64	\$89.94	\$79.54	\$90.04
Parent and Child(ren)	\$38.66	\$42.37	\$53.66	\$47.48	\$55.73

Group size	Participation requirements (Spousal Waivers count toward participation)	Employer contribution
2 to 9	100%	50% of total cost or
10+	75%	100% of single rate

Change options by applying factor:
\$1,250 Max.: +4.0%, \$1,500 Max.: +7.5%
\$25/\$75 Deductible: +9.0%
\$75/\$225 Deductible: -3.00%
\$100/\$300 Deductible: -6.0%
90th percentile out of network: +6.0% for groups with more than 10 employees

**Rayant Dental PPO Plan**

**In network**

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**Small Group (2 to 50 lives)  
Rayant Dental Option Plus Plans**

**Rayant Insurance Company of Pennsylvania**

A Horizon Company

(For Bucks, Chester, Delaware, Montgomery and Philadelphia counties)

Plan: Group size (eligible):	DOP+ C 2 to 9	DOP+ D 10 to 50	DOP+ E 10 to 50
<b>Benefits/Options</b>			
Diagnostic and Preventive Services (Exams, X-rays, Prophylaxis, Fluoride Treatment, Sealants, etc.)	100%	100%	100%
Basic Services (Repair of Dentures, Fillings, Periodontic Exams, Extractions, Oral Surgery, Root Canal Therapy, etc.)	90%/80%	90%/80%	90%/80%
Major Services (Onlays and Crowns, Fixed Bridges, etc.)	60%/50%	60%/50%	60%/50%
Orthodontics	N/A	N/A	50%
<b>Deductible</b> (applies to all Basic and Major services)	\$50/\$150	\$50/\$150	\$50/\$150
<b>Calendar Year Maximum</b>	\$1,000	\$1,000	\$1,000
<b>Orthodontic Lifetime Maximum</b>	N/A	N/A	\$1,000
<b>Child/Students/Ortho Covered to Age</b>	19/23/NA	19/23/NA	19/23/19
<b>Rates</b>			
<b>Two-Tier Rates</b>	Single	\$29.56	\$26.12
	Family	\$75.93	\$67.15
<b>Four-Tier Rates</b>	Single	\$29.56	\$26.12
	Husband and Wife	\$59.11	\$52.29
	Family	\$89.94	\$79.54
	Parent and Child(ren)	\$53.66	\$47.48

Group size	Participation requirements (Spousal Waivers count toward participation)	Employer contribution
2 to 9	100%	50% of total cost or
10+	75%	100% of single rate

Change options by applying factor:
\$1,250 Max.: +4.0%, \$1,500 Max.: +7.5%
\$25/\$75 Deductible: +9.0%
\$75/\$225 Deductible: -3.00%
\$100/\$300 Deductible: -6.0%
90th percentile out of network: +6.0% for groups with more than 10 employees

**Rayant Dental PPO Plan**

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**Out of network**

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**Small Group (5 to 50 lives)  
Rayant Dental PPO Access Plan**

**Rayant Insurance Company of Pennsylvania**

A Horizon Company

(For Bucks, Chester, Delaware, Montgomery and Philadelphia counties)

Group size (eligible):	5 to 9	10 to 24	25+ with Prior Coverage	25+ without Prior Coverage
<b>Benefits/Options</b>				
Diagnostic and Preventive Services (Exams, X-rays, Prophylaxis, Fluoride Treatment, Sealants, etc.)	100%	100%	100%	100%
Basic Services* (Repair of Dentures, Fillings, Periodontic Exams, Extractions, Oral Surgery, Root Canal Therapy, etc.)	Discounted Fee	Discounted Fee	Discounted Fee	Discounted Fee
Major Services (Onlays and Crowns, Fixed Bridges, etc.)	Discounted Fee	Discounted Fee	Discounted Fee	Discounted Fee
Orthodontics	Discounted Fee	Discounted Fee	Discounted Fee	Discounted Fee
<b>Deductible</b> (applies to all Basic and Major services)	\$0	\$0	\$0	\$0
<b>Calendar Year Maximum</b>	N/A	N/A	N/A	N/A
<b>Orthodontic Lifetime Maximum</b>	N/A	N/A	N/A	N/A
<b>Child/Students/Ortho Covered to Age</b>	19/23/NA	19/23/NA	19/23/NA	19/23/NA
<b>Rates</b>				
Single	\$12.03	\$9.63	\$7.75	\$8.91
Husband and Wife	\$25.65	\$20.52	\$16.52	\$19.00
Family	\$42.14	\$33.71	\$27.15	\$31.22
Parent and Child(ren)	\$27.94	\$22.36	\$18.00	\$20.70

Group size	Participation requirements (Spousal Waivers count toward participation)	Employer contribution
5 to 9	100%	50% of total cost or
10 to 50	75%	100% of single rate for groups under 25
51+	Minimum 25 Enrollees	None for groups 25+

\* Silver fillings covered at 100 percent.

**Rayant Dental PPO Access Plan**

The Rayant Dental PPO Access Plan is an ideal way to stretch benefit dollars while providing members with valuable benefits and savings. Our Rayant Dental PPO Access Plan uses the same network of participating dentists as our Rayant Dental PPO but at our most affordable premiums.

This program covers eligible preventive and diagnostic services and simple silver fillings at no cost to the member. Members gain an added advantage when they need major or specialty services, such as root canals, crowns and bridges, by paying only the reduced fee directly to the dentist. Members receive the most reduced fees only when visiting a participating Rayant Dental PPO Network dentist.

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If you don't apply for coverage for yourself or your dependents when you first become eligible (or if you end your coverage), you must wait at least 18 months after the last time you could have obtained coverage if you didn't apply, or at least 18 months after the date you ended your coverage.



## Rayant Insurance Company of Pennsylvania

A Horizon Company

# Rayant Dental PPO Access Plan Savings Schedule for Pennsylvania Dentists

When you receive treatment from dentists in the Rayant Dental PPO Network, your costs are reduced significantly. This *Patient Savings Schedule* compares the charges you will pay for eligible services under the Rayant Dental PPO Access Plan with typical charges\* and illustrates the savings you might expect.

The fees listed below represent charges when using a Rayant Dental PPO Network general dentist. **Fees charged by specialists (also reduced) will generally be higher.** Call **1-888-667-4547** for information on specialists' fees.

<b>Benefits</b>				
<b>Procedure Code</b>	<b>Description</b>	<b>You Pay</b>	<b>Typical Charge*</b>	<b>Typical Savings</b>
<b>ORAL EXAMS</b>				
D0150	Comprehensive oral evaluation	\$0	\$64	\$64
D0120	Periodic oral evaluation†	\$0	\$37	\$37
<b>X-RAYS</b>				
D0210	Intraoral – complete series (including bitewings)	\$0	\$110	\$110
D0220	Intraoral – single film	\$0	\$21	\$21
D0230	Intraoral – each additional film	\$0	\$16	\$16
D0240	Intraoral – occlusal, single film	\$0	\$31	\$31
D0272	Bitewing – two films†	\$0	\$34	\$34
D0274	Bitewing – four films†	\$0	\$48	\$48
D0330	Panoramic film	\$0	\$88	\$88
<b>PREVENTIVE</b>				
D0460	Pulp vitality tests	\$0	\$43	\$43
D1110	Prophylaxis – adult†	\$0	\$70	\$70
D1120	Prophylaxis – child†	\$0	\$48	\$48
D1203	Topical fluoride – child†	\$0	\$30	\$30
D1351	Sealants, per tooth	\$0	\$41	\$41
<b>Space Maintainers</b>				
D1510	Fixed, unilateral	\$0	\$265	\$265
D1515	Fixed, bilateral	\$0	\$350	\$350
D1520	Removable, unilateral	\$0	\$329	\$329
D1525	Removable, bilateral	\$0	\$451	\$451
D1550	Recementation of space maintainer	\$0	\$57	\$57

(continues)

**Benefits**

Procedure Code	Description	You Pay	Typical Charge*	Typical Savings
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**TREATMENT AND THERAPY****Amalgam**

D2140	One surface, permanent or primary tooth	\$0	\$92	\$92
D2150	Two surfaces, permanent or primary tooth	\$0	\$119	\$119
D2160	Three surfaces, permanent or primary tooth	\$0	\$144	\$144
D2161	Four or more surfaces, permanent or primary tooth	\$0	\$175	\$175

**Composite Resin**

D2330	One surface, anterior tooth	\$64	\$103	\$39
D2331	Two surfaces, anterior tooth	\$83	\$131	\$48
D2332	Three surfaces, anterior tooth	\$101	\$161	\$60
D2391	One surface, posterior tooth	\$74	\$121	\$47
D2392	Two surfaces, posterior tooth	\$86	\$158	\$72
D2393	Three surfaces, posterior tooth	\$104	\$196	\$92

**ORAL SURGERY**

D7140	Routine extractions	\$69	\$120	\$51
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**Extraction of Impacted Teeth**

D7220	Soft tissue	\$160	\$251	\$91
D7230	Partially bony	\$214	\$333	\$119
D7240	Completely bony	\$256	\$391	\$135
D2391	Alveoloplasty (in conjunction with extractions, per quadrant)	\$149	\$233	\$84
D7510	Incision and drainage of abscess – intraoral	\$75	\$222	\$147

**Prosthodontics****Dentures**

D5110	Complete upper	\$713	\$1,129	\$416
D5120	Complete lower	\$713	\$1,129	\$416
D5130	Immediate upper	\$777	\$1,231	\$454
D5140	Immediate lower	\$777	\$1,231	\$454
D5211	Upper – partial resin base (including any conventional clasps, rests and teeth)	\$601	\$953	\$352
D5212	Lower – partial resin base (including any conventional clasps, rests and teeth)	\$601	\$1,108	\$507

**Denture Repair**

D5510	Repair broken complete denture base	\$78	\$124	\$46
D5520	Repair missing or broken teeth – each tooth	\$65	\$103	\$38
D5610	Repair resin denture base	\$85	\$134	\$49
D5620	Repair cast framework	\$91	\$144	\$53
D5630	Repair or replace broken clasp	\$111	\$175	\$64

**Fixed Bridgework**

D6240	Pontic – porcelain fused to high noble metal	\$498	\$814	\$316
D6750	Abutment crowns, porcelain fused to high noble metal	\$569	\$929	\$360
D6930	Recement bridgework	\$67	\$109	\$42

(continues)

## Benefits

Procedure Code	Description	You Pay	Typical Charge*	Typical Savings
<b>INLAYS AND CROWNS</b>				
<b>Inlay</b>				
D2510	Metallic, one surface	\$350	\$596	\$246
D2520	Two surfaces	\$397	\$676	\$279
<b>Onlay</b>				
D2543	Metallic, three surfaces	\$469	\$799	\$330
D2544	Four or more surfaces	\$488	\$831	\$343
<b>Crowns</b>				
D2750	Porcelain fused to high noble metal	\$575	\$887	\$312
D2790	Full cast high noble metal	\$503	\$856	\$353
D2780	3/4 cast high noble metal	\$575	\$851	\$276
D2910	Recement inlays	\$47	\$74	\$27
D2920	Recement crowns	\$49	\$77	\$28
<b>Endodontics</b>				
D3110	Pulp cap – direct (excluding final restoration)	\$33	\$57	\$24
D3220	Therapeutic pulpotomy (excluding final restoration)	\$78	\$134	\$56
<b>Root Canal Therapy</b>				
D3310	Anterior teeth, excludes final restoration	\$329	\$566	\$237
D3320	Premolars, excludes final restoration	\$401	\$691	\$290
D3330	Molars, excludes final restoration	\$518	\$892	\$374
D3410	Apicoectomy – anterior	\$376	\$647	\$271
D3430	Retrograde filling, per root	\$114	\$196	\$82
D3920	Hemisection (including any root removal)	\$180	\$310	\$130
<b>Periodontics</b>				
D4260	Osseous surgery – per quadrant	\$553	\$1,086	\$533
D4270	Pedicle soft tissue grafts	\$409	\$803	\$394
D4271	Free soft tissue graft	\$421	\$826	\$405
D4341	Periodontal scaling and root planing (per quadrant)	\$130	\$187	\$57
<b>General Services</b>				
D9110	Palliative (emergency) treatment of dental pain minor procedures	\$0	\$79	\$79
D9220	General anesthesia (first 30 minutes)	\$213	\$320	\$107

\* Based on the 75th percentile of MDR data averaged for the state of Pennsylvania as of April 2006. Typical charges are provided for illustrative purposes only. Actual charges will vary. Consult your contract or benefits booklet for detailed plan descriptions and limitations.

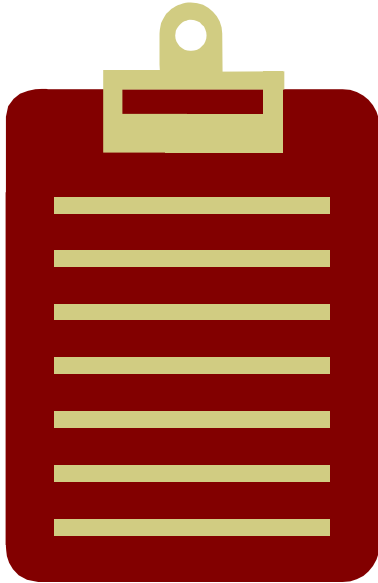
† These services are limited to once every six months.

This is a brief description of the most common dental services available. Actual covered services may vary by contract. For information on any procedure not shown in this schedule, please call **1-888-667-4547**.

We reserve the right to change fees once per contract year with 30 days' notice.

**RAYANT INSURANCE COMPANY DENTAL PROGRAMS  
SMALL GROUP NEW BUSINESS CHECKLIST**

*PLEASE NOTE IMPORTANT LICENSING REQUIREMENTS FOR SUBMITTING CASES*



**Group Name:** \_\_\_\_\_  
**Effective Date:** \_\_\_/\_\_\_/\_\_\_ **Total Lives:** \_\_\_  
**Sale Type ~:** \_\_\_New \_\_\_Addition  
**Plan Type ~:** \_\_\_PPO \_\_\_DOP \_\_\_DOP Plus \_\_\_PPO Access  
**Plan Design:** \_\_\_\_\_  
**General Agent:** \_\_\_\_\_  
**Selling Agent:** \_\_\_\_\_

**All New Business Submissions MUST INCLUDE:**

- ✓ Group Application. You **must** write in which plan was sold.
- ✓ Individual Employee Applications.
- ✓ Copy of PA rate sheet. You **must** circle which plan was sold.
- ✓ Binder check (1<sup>st</sup> month's premium).
- ✓ Selling agent information and general agent vendor #. (Refer to reverse side of group application).
- ✓ Copy of Selling Agent's PA License and Selling Agent's Social Security number (if first time submitting a case to Rayant Insurance Company).
- ✓ If selling agent works for an agency, the agency license and tax ID number, as well as the qualifying officer's license and social security number is also required (Providing this is the first time the agency is submitting a case to Rayant).
- ✓ Copy of dental bill from current carrier.

**The licensing information is mandated by the Department of Insurance. Rayant Insurance Company will not be able to process the group application and no commission will be paid until the required licensing information is provided.**

**RAYANT USE ONLY**

Received and Logged in Small Group: \_\_\_\_\_ / \_\_\_\_\_ /  
Rayant Representative Signature:  
Group #: \_\_\_\_\_ (To be assigned by Rayant)



**Rayant Insurance Company of Pennsylvania**

A Horizon Company