

Rate Chart

CHOMP

Section Number	Cover Name	SI Option 1 Full Amount	SI Option 2 Sublimit	SI Option 3 Sublimit	SI Option 4 Sublimit
1	Restorative Treatment cover	1,540	1,000	1,200	
	Premium Per claim/tooth	838	544	653	
2	Periodontal Treatment cover	24,860	11,000	17,000	
	Premium Per quadrant/claim	124	56	91	
3	Endodontic treatment cover	10,000	3,500	6,000	8,000
	Premium per tooth/claim	4,421	1,547	2,653	3,536
4	Prosthetic Treatment Cover - Bridges	15,000	6,500	8,500	11,500
	Premium Per Bridge/Claim	748	324	424	573
5	Prosthetic Treatment Cover – Partial Dentures	16,500	8,500	12,000	15,000
	Premium per Unit/claim	1,052	542	765	956
6	Prosthetic Treatment Cover – Complete Dentures	34,300	12,000	15,000	24,500
	Premium per Unit/claim	958	335	418	683
7	Minor Surgical Procedures	6,000	1,200	1,500	2,500
	Premium Per claim	1,259	553	689	1,008
8	Major Surgeries Cover	2,75,000	1,30,000	1,55,000	
	Premium Per claim	468	256	298	

9	Accidental Major Surgeries Cover	1,10,000	55,000	65,000
	Premium per Claim	138	76	88

<u>Value Added Services</u>	<u>Gross Premium</u>
Preventive Consultation	14
Preventive Investigation	130
Preventive Cleaning	158

Note:

- ❖ Prices shall vary depending upon group characteristics and are subject to product filing.