



## BAKERSFIELD CONTRIBUTORY DENTAL RATES AND BENEFITS: EXP. 4/30/10

### Groups 2-50

Plan	In NETWORK Coinsurance	Out of Network Coinsurance	Waiting Period	Endo/Perio	Ortho	Deduct	Consumer MaxMultiplier	Ann. Max	Voluntary?	UCR
P5329	100/80/50	70/50/50	No	Basic	0%	50/150	Yes	\$ 1,000	No	MAC
P5330	100/80/50	70/50/50	No	Basic	0%	50/150	Yes	\$ 1,500	No	MAC
P5331	100/90/60	70/50/50	No	Basic	50%/\$1,000	50/150	Yes	\$ 1,500	No	MAC
P3434	100/80/50	80/60/50	No	Basic	0%	50/150	Yes	\$ 1,000	No	85th
P4883	100/80/50	100/80/50	No	Basic	0%	50/150	Yes	\$ 1,500	No	90th
P4216	100/90/60	100/80/50	No	Basic	0%	50/150	Yes	\$ 2,000	No	85th

State	GeoZip	Group Size	Plan ID	Plan Type	EE	EE+SP	EE+CH	Family
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#### P5329 100/\*80/50 \$50 Deductible No Wait \$1000 Contributory

CA	932, 933, 935	2-4 Lives	P5329	DPPO	\$20.16	\$40.33	\$42.20	\$64.42
CA	932, 933, 935	5-9 Lives	P5329	DPPO	\$18.35	\$36.70	\$38.39	\$58.61
CA	932, 933, 935	10-20 Lives	P5329	DPPO	\$17.36	\$34.71	\$36.32	\$55.44
CA	932, 933, 935	21-24 Lives	P5329	DPPO	\$16.57	\$33.14	\$34.68	\$52.93
CA	932, 933, 935	25-50 Lives	P5329	DPPO	\$15.93	\$31.86	\$33.34	\$50.89

#### P5330 100/\*80/50 \$50 Deductible No Wait \$1500 Contributory

CA	932, 933, 935	2-4 Lives	P5330	DPPO	\$22.59	\$45.19	\$47.28	\$72.17
CA	932, 933, 935	5-9 Lives	P5330	DPPO	\$20.56	\$41.11	\$43.02	\$65.67
CA	932, 933, 935	10-20 Lives	P5330	DPPO	\$19.45	\$38.89	\$40.69	\$62.12
CA	932, 933, 935	21-24 Lives	P5330	DPPO	\$18.57	\$37.13	\$38.85	\$59.31
CA	932, 933, 935	25-50 Lives	P5330	DPPO	\$17.85	\$35.70	\$37.35	\$57.02

#### P5331 100/\*90/60 \$50 Deductible No Wait \$1500 Child Ortho Contributory

CA	932, 933, 935	10-20 Lives	P5331	DPPO	\$23.93	\$47.87	\$50.08	\$76.46
CA	932, 933, 935	21-24 Lives	P5331	DPPO	\$22.85	\$45.70	\$47.82	\$73.00
CA	932, 933, 935	25-50 Lives	P5331	DPPO	\$21.97	\$43.94	\$45.97	\$70.18

#### P3434 100/\*80/50 \$50 Deductible No Wait \$1000 Contributory

CA	932, 933, 935	2-4 Lives	P3434	DPPO	\$32.65	\$65.31	\$68.33	\$104.31
CA	932, 933, 935	5-9 Lives	P3434	DPPO	\$29.71	\$59.42	\$62.17	\$94.91
CA	932, 933, 935	10-20 Lives	P3434	DPPO	\$28.11	\$56.21	\$58.81	\$89.78
CA	932, 933, 935	21-24 Lives	P3434	DPPO	\$26.83	\$53.67	\$56.15	\$85.72
CA	932, 933, 935	25-50 Lives	P3434	DPPO	\$25.80	\$51.60	\$53.98	\$82.41

#### P4883 100/\*80/50 \$50 Deductible No Wait \$1500 Contributory

CA	932, 933, 935	2-4 Lives	P4883	DPPO	\$47.01	\$94.01	\$98.36	\$150.16
CA	932, 933, 935	5-9 Lives	P4883	DPPO	\$42.77	\$85.54	\$89.50	\$136.62
CA	932, 933, 935	10-20 Lives	P4883	DPPO	\$40.46	\$80.91	\$84.66	\$129.24
CA	932, 933, 935	21-24 Lives	P4883	DPPO	\$38.63	\$77.25	\$80.83	\$123.39
CA	932, 933, 935	25-50 Lives	P4883	DPPO	\$37.13	\$74.27	\$77.71	\$118.62

#### P4216 100/\*90/60 \$50 Deductible No Wait \$2000 Contributory

CA	932, 933, 935	10-20 Lives	P4216	DPPO	\$44.19	\$88.38	\$92.47	\$141.16
CA	932, 933, 935	21-24 Lives	P4216	DPPO	\$42.19	\$84.38	\$88.28	\$134.77
CA	932, 933, 935	25-50 Lives	P4216	DPPO	\$40.56	\$81.12	\$84.87	\$129.57

For a more comprehensive list of options please contact your Sales Representative

\* Denotes where Endo/Perio services are covered



## BAKERSFIELD VOLUNTARY DENTAL RATES AND BENEFITS: EXP. 4/30/10

### Groups 2-50

Plan	In NETWORK Coinsurance	Out of Network Coinsurance	Waiting Period	Endo/Perio	Ortho	Deduct	Consumer MaxMultiplier	Ann. Max	Voluntary?	UCR
P3306	100/80/50	80/50/50	Yes	Major	0%	50/150	Yes	\$ 1,000	Yes	MAC
P3337	100/80/50	100/80/50	Yes	Major	0%	50/150	Yes	\$ 1,000	Yes	85th
P3350	100/80/50	80/60/50	No	Major	0%	50/150	Yes	\$ 1,500	Yes	85th
P3378	100/80/50	100/80/50	No	Basic	0%	50/150	Yes	\$ 1,000	Yes	85th
P3362	100/90/60	100/80/50	No	Major	0%	50/150	Yes	\$ 2,000	Yes	85th
P3389	100/80/50	100/80/50	No	Basic	0%	50/150	Yes	\$ 1,500	Yes	85th

State	GeoZip	Group Size	Plan ID	Plan Type	EE	EE+SP	EE+CH	Family
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#### P3306 100/80/\*50 \$50 Deductible Wait \$1,000 Voluntary

CA	932, 933, 935	2-4 Lives	P3306	VPPO	\$19.41	\$38.81	\$40.61	\$61.99
CA	932, 933, 935	5-9 Lives	P3306	VPPO	\$17.66	\$35.31	\$36.95	\$56.40
CA	932, 933, 935	10-20 Lives	P3306	VPPO	\$16.70	\$33.40	\$34.95	\$53.35
CA	932, 933, 935	21-24 Lives	P3306	VPPO	\$15.95	\$31.89	\$33.37	\$50.94
CA	932, 933, 935	25-50 Lives	P3306	VPPO	\$15.33	\$30.66	\$32.08	\$48.97

#### P3337 100/80/\*50 \$50 Deductible Wait \$1000 Voluntary

CA	932, 933, 935	2-4 Lives	P3337	VPPO	\$35.90	\$71.79	\$75.12	\$114.67
CA	932, 933, 935	5-9 Lives	P3337	VPPO	\$32.66	\$65.32	\$68.35	\$104.33
CA	932, 933, 935	10-20 Lives	P3337	VPPO	\$30.90	\$61.79	\$64.65	\$98.70
CA	932, 933, 935	21-24 Lives	P3337	VPPO	\$29.50	\$59.00	\$61.73	\$94.23
CA	932, 933, 935	25-50 Lives	P3337	VPPO	\$28.36	\$56.72	\$59.34	\$90.59

#### P3350 100/80/\*50 \$50 Deductible No Wait \$1500 Voluntary

CA	932, 933, 935	10-20 Lives	P3350	VPPO	\$30.87	\$61.74	\$64.60	\$98.61
CA	932, 933, 935	21-24 Lives	P3350	VPPO	\$29.47	\$58.94	\$61.67	\$94.15
CA	932, 933, 935	25-50 Lives	P3350	VPPO	\$28.33	\$56.67	\$59.29	\$90.51

#### P3378 100/\*80/50 \$50 Deductible No Wait \$1,000 Voluntary

CA	932, 933, 935	10-20 Lives	P3378	VPPO	\$37.03	\$74.07	\$77.49	\$118.30
CA	932, 933, 935	21-24 Lives	P3378	VPPO	\$35.36	\$70.71	\$73.99	\$112.95
CA	932, 933, 935	25-50 Lives	P3378	VPPO	\$33.99	\$67.98	\$71.13	\$108.58

#### P3362 100/90/\*60 \$50 Deductible No Wait \$2,000 Voluntary

CA	932, 933, 935	10-20 Lives	P3362	VPPO	\$40.94	\$81.88	\$85.67	\$130.78
CA	932, 933, 935	21-24 Lives	P3362	VPPO	\$39.09	\$78.18	\$81.80	\$124.86
CA	932, 933, 935	25-50 Lives	P3362	VPPO	\$37.58	\$75.16	\$78.64	\$120.04

#### P3389 100/\*80/50 \$50 Deductible No Wait \$1500 Voluntary

CA	932, 933, 935	10-20 Lives	P3389	VPPO	\$40.39	\$80.77	\$84.51	\$129.01
CA	932, 933, 935	21-24 Lives	P3389	VPPO	\$38.56	\$77.12	\$80.69	\$123.18
CA	932, 933, 935	25-50 Lives	P3389	VPPO	\$37.07	\$74.14	\$77.57	\$118.42

All plans include our Consumer MaxMultiplier annual maximum rollover feature, our Prenatal Dental Care Program and our Oral Cancer Screening Benefit; ask your Sales Representative for details.