



FRESNO 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	936-938	2-4 Lives	P5329	DPPO	\$19.87	\$39.75	\$41.59	\$63.49
CA	936-938	5-9 Lives	P5329	DPPO	\$18.08	\$36.17	\$37.84	\$57.77
CA	936-938	10-20 Lives	P5329	DPPO	\$17.11	\$34.21	\$35.80	\$54.64
CA	936-938	21-24 Lives	P5329	DPPO	\$16.33	\$32.66	\$34.18	\$52.17
CA	936-938	25-50 Lives	P5329	DPPO	\$15.70	\$31.40	\$32.86	\$50.16

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

CA	936-938	2-4 Lives	P5330	DPPO	\$22.27	\$44.54	\$46.60	\$71.13
CA	936-938	5-9 Lives	P5330	DPPO	\$20.26	\$40.52	\$42.40	\$64.72
CA	936-938	10-20 Lives	P5330	DPPO	\$19.17	\$38.33	\$40.11	\$61.22
CA	936-938	21-24 Lives	P5330	DPPO	\$18.30	\$36.60	\$38.29	\$58.45
CA	936-938	25-50 Lives	P5330	DPPO	\$17.59	\$35.18	\$36.81	\$56.20

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

CA	936-938	10-20 Lives	P5331	DPPO	\$23.59	\$47.18	\$49.36	\$75.35
CA	936-938	21-24 Lives	P5331	DPPO	\$22.52	\$45.04	\$47.13	\$71.94
CA	936-938	25-50 Lives	P5331	DPPO	\$21.65	\$43.30	\$45.31	\$69.17

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

CA	936-938	2-4 Lives	P3434	DPPO	\$32.18	\$64.37	\$67.35	\$102.81
CA	936-938	5-9 Lives	P3434	DPPO	\$29.28	\$58.57	\$61.28	\$93.54
CA	936-938	10-20 Lives	P3434	DPPO	\$27.70	\$55.40	\$57.97	\$88.49
CA	936-938	21-24 Lives	P3434	DPPO	\$26.45	\$52.89	\$55.34	\$84.48
CA	936-938	25-50 Lives	P3434	DPPO	\$25.43	\$50.85	\$53.21	\$81.22

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

CA	936-938	2-4 Lives	P4883	DPPO	\$46.33	\$92.65	\$96.94	\$147.99
CA	936-938	5-9 Lives	P4883	DPPO	\$42.15	\$84.30	\$88.21	\$134.65
CA	936-938	10-20 Lives	P4883	DPPO	\$39.87	\$79.75	\$83.44	\$127.37
CA	936-938	21-24 Lives	P4883	DPPO	\$38.07	\$76.14	\$79.66	\$121.61
CA	936-938	25-50 Lives	P4883	DPPO	\$36.60	\$73.20	\$76.59	\$116.91

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

CA	936-938	10-20 Lives	P4216	DPPO	\$43.55	\$87.10	\$91.14	\$139.12
CA	936-938	21-24 Lives	P4216	DPPO	\$41.58	\$83.16	\$87.01	\$132.83
CA	936-938	25-50 Lives	P4216	DPPO	\$39.97	\$79.95	\$83.65	\$127.70

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

* Denotes where Endo/Perio services are covered



FRESNO 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	936-938	2-4 Lives	P3306	VPPO	\$19.13	\$38.25	\$40.02	\$61.10
CA	936-938	5-9 Lives	P3306	VPPO	\$17.40	\$34.80	\$36.42	\$55.59
CA	936-938	10-20 Lives	P3306	VPPO	\$16.46	\$32.92	\$34.45	\$52.58
CA	936-938	21-24 Lives	P3306	VPPO	\$15.72	\$31.43	\$32.89	\$50.21
CA	936-938	25-50 Lives	P3306	VPPO	\$15.11	\$30.22	\$31.62	\$48.27

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

CA	936-938	2-4 Lives	P3337	VPPO	\$35.38	\$70.76	\$74.03	\$113.02
CA	936-938	5-9 Lives	P3337	VPPO	\$32.19	\$64.38	\$67.36	\$102.83
CA	936-938	10-20 Lives	P3337	VPPO	\$30.45	\$60.90	\$63.72	\$97.27
CA	936-938	21-24 Lives	P3337	VPPO	\$29.07	\$58.15	\$60.84	\$92.87
CA	936-938	25-50 Lives	P3337	VPPO	\$27.95	\$55.90	\$58.49	\$89.28

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

CA	936-938	10-20 Lives	P3350	VPPO	\$30.42	\$60.85	\$63.66	\$97.19
CA	936-938	21-24 Lives	P3350	VPPO	\$29.05	\$58.09	\$60.78	\$92.79
CA	936-938	25-50 Lives	P3350	VPPO	\$27.92	\$55.85	\$58.44	\$89.20

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

CA	936-938	10-20 Lives	P3378	VPPO	\$36.50	\$73.00	\$76.38	\$116.59
CA	936-938	21-24 Lives	P3378	VPPO	\$34.85	\$69.69	\$72.92	\$111.32
CA	936-938	25-50 Lives	P3378	VPPO	\$33.50	\$67.00	\$70.10	\$107.02

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

CA	936-938	10-20 Lives	P3362	VPPO	\$40.35	\$80.70	\$84.44	\$128.90
CA	936-938	21-24 Lives	P3362	VPPO	\$38.52	\$77.05	\$80.62	\$123.06
CA	936-938	25-50 Lives	P3362	VPPO	\$37.04	\$74.07	\$77.50	\$118.31

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

CA	936-938	10-20 Lives	P3378	VPPO	\$36.50	\$73.00	\$76.38	\$116.59
CA	936-938	21-24 Lives	P3389	VPPO	\$38.00	\$76.01	\$79.53	\$121.40
CA	936-938	25-50 Lives	P3389	VPPO	\$36.54	\$73.07	\$76.45	\$116.71

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.