



INLAND EMPIRE 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	922-925	2-4 Lives	P5329	DPPO	\$23.27	\$46.54	\$48.70	\$74.34
CA	922-925	5-9 Lives	P5329	DPPO	\$21.17	\$42.35	\$44.31	\$67.64
CA	922-925	10-20 Lives	P5329	DPPO	\$20.03	\$40.06	\$41.91	\$63.98
CA	922-925	21-24 Lives	P5329	DPPO	\$19.12	\$38.25	\$40.02	\$61.09
CA	922-925	25-50 Lives	P5329	DPPO	\$18.38	\$36.77	\$38.47	\$58.73

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

CA	922-925	2-4 Lives	P5330	DPPO	\$26.07	\$52.15	\$54.56	\$83.29
CA	922-925	5-9 Lives	P5330	DPPO	\$23.72	\$47.45	\$49.64	\$75.78
CA	922-925	10-20 Lives	P5330	DPPO	\$22.44	\$44.88	\$46.96	\$71.69
CA	922-925	21-24 Lives	P5330	DPPO	\$21.43	\$42.85	\$44.84	\$68.44
CA	922-925	25-50 Lives	P5330	DPPO	\$20.60	\$41.20	\$43.10	\$65.80

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

CA	922-925	10-20 Lives	P5331	DPPO	\$27.62	\$55.24	\$57.80	\$88.23
CA	922-925	21-24 Lives	P5331	DPPO	\$26.37	\$52.74	\$55.18	\$84.24
CA	922-925	25-50 Lives	P5331	DPPO	\$25.35	\$50.71	\$53.05	\$80.99

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

CA	922-925	2-4 Lives	P3434	DPPO	\$37.68	\$75.37	\$78.86	\$120.38
CA	922-925	5-9 Lives	P3434	DPPO	\$34.29	\$68.58	\$71.75	\$109.53
CA	922-925	10-20 Lives	P3434	DPPO	\$32.44	\$64.87	\$67.87	\$103.61
CA	922-925	21-24 Lives	P3434	DPPO	\$30.97	\$61.93	\$64.80	\$98.92
CA	922-925	25-50 Lives	P3434	DPPO	\$29.77	\$59.54	\$62.30	\$95.10

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

CA	922-925	2-4 Lives	P4883	DPPO	\$54.25	\$108.49	\$113.51	\$173.29
CA	922-925	5-9 Lives	P4883	DPPO	\$49.36	\$98.71	\$103.28	\$157.67
CA	922-925	10-20 Lives	P4883	DPPO	\$46.69	\$93.38	\$97.70	\$149.15
CA	922-925	21-24 Lives	P4883	DPPO	\$44.58	\$89.15	\$93.28	\$142.40
CA	922-925	25-50 Lives	P4883	DPPO	\$42.85	\$85.71	\$89.68	\$136.90

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

CA	922-925	10-20 Lives	P4216	DPPO	\$51.00	\$101.99	\$106.71	\$162.90
CA	922-925	21-24 Lives	P4216	DPPO	\$48.69	\$97.38	\$101.88	\$155.53
CA	922-925	25-50 Lives	P4216	DPPO	\$46.81	\$93.61	\$97.95	\$149.52

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

* Denotes where Endo/Perio services are covered



INLAND EMPIRE 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	922-925	2-4 Lives	P3306	VPPO	\$22.39	\$44.79	\$46.86	\$71.54
CA	922-925	5-9 Lives	P3306	VPPO	\$20.38	\$40.75	\$42.64	\$65.09
CA	922-925	10-20 Lives	P3306	VPPO	\$19.28	\$38.55	\$40.33	\$61.57
CA	922-925	21-24 Lives	P3306	VPPO	\$18.40	\$36.81	\$38.51	\$58.79
CA	922-925	25-50 Lives	P3306	VPPO	\$17.69	\$35.38	\$37.02	\$56.52

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

CA	922-925	2-4 Lives	P3337	VPPO	\$41.43	\$82.85	\$86.69	\$132.33
CA	922-925	5-9 Lives	P3337	VPPO	\$37.69	\$75.38	\$78.88	\$120.41
CA	922-925	10-20 Lives	P3337	VPPO	\$35.66	\$71.31	\$74.61	\$113.90
CA	922-925	21-24 Lives	P3337	VPPO	\$34.04	\$68.08	\$71.24	\$108.74
CA	922-925	25-50 Lives	P3337	VPPO	\$32.73	\$65.45	\$68.48	\$104.54

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

CA	922-925	10-20 Lives	P3350	VPPO	\$35.62	\$71.25	\$74.55	\$113.80
CA	922-925	21-24 Lives	P3350	VPPO	\$34.01	\$68.02	\$71.17	\$108.65
CA	922-925	25-50 Lives	P3350	VPPO	\$32.70	\$65.40	\$68.42	\$104.45

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

CA	922-925	10-20 Lives	P3378	VPPO	\$42.74	\$85.47	\$89.43	\$136.52
CA	922-925	21-24 Lives	P3378	VPPO	\$40.80	\$81.61	\$85.38	\$130.34
CA	922-925	25-50 Lives	P3378	VPPO	\$39.23	\$78.45	\$82.09	\$125.31

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

CA	922-925	10-20 Lives	P3362	VPPO	\$47.25	\$94.49	\$98.87	\$150.93
CA	922-925	21-24 Lives	P3362	VPPO	\$45.11	\$90.22	\$94.39	\$144.10
CA	922-925	25-50 Lives	P3362	VPPO	\$43.37	\$86.73	\$90.75	\$138.53

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

CA	922-925	10-20 Lives	P3389	VPPO	\$46.61	\$93.22	\$97.53	\$148.89
CA	922-925	21-24 Lives	P3389	VPPO	\$44.50	\$89.00	\$93.12	\$142.15
CA	922-925	25-50 Lives	P3389	VPPO	\$42.78	\$85.56	\$89.52	\$136.66

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.