



LA 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	900-918	2-4 Lives	P5329	DPPO	\$27.29	\$54.58	\$57.10	\$87.17
CA	900-918	5-9 Lives	P5329	DPPO	\$24.83	\$49.66	\$51.96	\$79.31
CA	900-918	10-20 Lives	P5329	DPPO	\$23.49	\$46.97	\$49.15	\$75.03
CA	900-918	21-24 Lives	P5329	DPPO	\$22.42	\$44.85	\$46.92	\$71.63
CA	900-918	25-50 Lives	P5329	DPPO	\$21.56	\$43.12	\$45.11	\$68.86

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

CA	900-918	2-4 Lives	P5330	DPPO	\$30.57	\$61.15	\$63.98	\$97.67
CA	900-918	5-9 Lives	P5330	DPPO	\$27.82	\$55.64	\$58.21	\$88.87
CA	900-918	10-20 Lives	P5330	DPPO	\$26.32	\$52.63	\$55.07	\$84.06
CA	900-918	21-24 Lives	P5330	DPPO	\$25.12	\$50.25	\$52.58	\$80.26
CA	900-918	25-50 Lives	P5330	DPPO	\$24.15	\$48.31	\$50.54	\$77.16

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

CA	900-918	10-20 Lives	P5331	DPPO	\$32.39	\$64.78	\$67.78	\$103.46
CA	900-918	21-24 Lives	P5331	DPPO	\$30.92	\$61.85	\$64.71	\$98.78
CA	900-918	25-50 Lives	P5331	DPPO	\$29.73	\$59.46	\$62.21	\$94.97

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

CA	900-918	2-4 Lives	P3434	DPPO	\$44.19	\$88.38	\$92.47	\$141.16
CA	900-918	5-9 Lives	P3434	DPPO	\$40.21	\$80.41	\$84.14	\$128.44
CA	900-918	10-20 Lives	P3434	DPPO	\$38.03	\$76.07	\$79.59	\$121.50
CA	900-918	21-24 Lives	P3434	DPPO	\$36.31	\$72.62	\$75.99	\$116.00
CA	900-918	25-50 Lives	P3434	DPPO	\$34.91	\$69.82	\$73.05	\$111.52

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

CA	900-918	2-4 Lives	P4883	DPPO	\$63.61	\$127.22	\$133.11	\$203.19
CA	900-918	5-9 Lives	P4883	DPPO	\$57.88	\$115.75	\$121.11	\$184.88
CA	900-918	10-20 Lives	P4883	DPPO	\$54.75	\$109.50	\$114.57	\$174.89
CA	900-918	21-24 Lives	P4883	DPPO	\$52.27	\$104.54	\$109.38	\$166.98
CA	900-918	25-50 Lives	P4883	DPPO	\$50.25	\$100.50	\$105.16	\$160.53

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

CA	900-918	10-20 Lives	P4216	DPPO	\$59.80	\$119.59	\$125.13	\$191.02
CA	900-918	21-24 Lives	P4216	DPPO	\$57.09	\$114.18	\$119.47	\$182.38
CA	900-918	25-50 Lives	P4216	DPPO	\$54.89	\$109.77	\$114.86	\$175.33

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

* Denotes where Endo/Perio services are covered



LA 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	900-918	2-4 Lives	P3306	VPPO	\$26.26	\$52.52	\$54.95	\$83.89
CA	900-918	5-9 Lives	P3306	VPPO	\$23.89	\$47.79	\$50.00	\$76.33
CA	900-918	10-20 Lives	P3306	VPPO	\$22.60	\$45.20	\$47.30	\$72.20
CA	900-918	21-24 Lives	P3306	VPPO	\$21.58	\$43.16	\$45.16	\$68.93
CA	900-918	25-50 Lives	P3306	VPPO	\$20.75	\$41.49	\$43.41	\$66.27

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

CA	900-918	2-4 Lives	P3337	VPPO	\$48.58	\$97.15	\$101.65	\$155.17
CA	900-918	5-9 Lives	P3337	VPPO	\$44.20	\$88.40	\$92.49	\$141.19
CA	900-918	10-20 Lives	P3337	VPPO	\$41.81	\$83.62	\$87.49	\$133.56
CA	900-918	21-24 Lives	P3337	VPPO	\$39.92	\$79.83	\$83.53	\$127.51
CA	900-918	25-50 Lives	P3337	VPPO	\$38.38	\$76.75	\$80.30	\$122.59

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

CA	900-918	10-20 Lives	P3350	VPPO	\$41.77	\$83.54	\$87.41	\$133.44
CA	900-918	21-24 Lives	P3350	VPPO	\$39.88	\$79.76	\$83.46	\$127.40
CA	900-918	25-50 Lives	P3337	VPPO	\$38.38	\$76.75	\$80.30	\$122.59

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

CA	900-918	10-20 Lives	P3378	VPPO	\$50.11	\$100.23	\$104.87	\$160.09
CA	900-918	21-24 Lives	P3378	VPPO	\$47.85	\$95.69	\$100.12	\$152.84
CA	900-918	25-50 Lives	P3378	VPPO	\$46.00	\$92.00	\$96.26	\$146.94

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

CA	900-918	10-20 Lives	P3362	VPPO	\$55.40	\$110.80	\$115.93	\$176.98
CA	900-918	21-24 Lives	P3362	VPPO	\$52.89	\$105.79	\$110.69	\$168.97
CA	900-918	25-50 Lives	P3362	VPPO	\$50.85	\$101.70	\$106.41	\$162.44

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

CA	900-918	10-20 Lives	P3389	VPPO	\$54.65	\$109.31	\$114.37	\$174.59
CA	900-918	21-24 Lives	P3389	VPPO	\$52.18	\$104.36	\$109.19	\$166.69
CA	900-918	25-50 Lives	P3389	VPPO	\$50.16	\$100.33	\$104.97	\$160.25

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.