



OAKLAND, ETC. 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	945-948	2-4 Lives	P5329	DPPO	\$27.31	\$54.62	\$57.15	\$87.25
CA	945-948	5-9 Lives	P5329	DPPO	\$24.85	\$49.70	\$52.00	\$79.38
CA	945-948	10-20 Lives	P5329	DPPO	\$23.51	\$47.02	\$49.19	\$75.09
CA	945-948	21-24 Lives	P5329	DPPO	\$22.44	\$44.89	\$46.97	\$71.70
CA	945-948	25-50 Lives	P5329	DPPO	\$21.58	\$43.15	\$45.15	\$68.93

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

CA	945-948	2-4 Lives	P5330	DPPO	\$30.60	\$61.20	\$64.04	\$97.76
CA	945-948	5-9 Lives	P5330	DPPO	\$27.84	\$55.69	\$58.27	\$88.95
CA	945-948	10-20 Lives	P5330	DPPO	\$26.34	\$52.68	\$55.12	\$84.14
CA	945-948	21-24 Lives	P5330	DPPO	\$25.15	\$50.29	\$52.62	\$80.33
CA	945-948	25-50 Lives	P5330	DPPO	\$24.18	\$48.35	\$50.59	\$77.23

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

CA	945-948	10-20 Lives	P5331	DPPO	\$32.42	\$64.84	\$67.84	\$103.56
CA	945-948	21-24 Lives	P5331	DPPO	\$30.95	\$61.90	\$64.77	\$98.87
CA	945-948	25-50 Lives	P5331	DPPO	\$29.76	\$59.51	\$62.27	\$95.05

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

CA	945-948	2-4 Lives	P3434	DPPO	\$44.23	\$88.46	\$92.55	\$141.29
CA	945-948	5-9 Lives	P3434	DPPO	\$40.24	\$80.49	\$84.21	\$128.55
CA	945-948	10-20 Lives	P3434	DPPO	\$38.07	\$76.14	\$79.66	\$121.61
CA	945-948	21-24 Lives	P3434	DPPO	\$36.35	\$72.69	\$76.06	\$116.10
CA	945-948	25-50 Lives	P3434	DPPO	\$34.94	\$69.88	\$73.12	\$111.62

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

CA	945-948	2-4 Lives	P4883	DPPO	\$63.67	\$127.33	\$133.23	\$203.38
CA	945-948	5-9 Lives	P4883	DPPO	\$57.93	\$115.86	\$121.22	\$185.05
CA	945-948	10-20 Lives	P4883	DPPO	\$54.80	\$109.59	\$114.67	\$175.05
CA	945-948	21-24 Lives	P4883	DPPO	\$52.32	\$104.64	\$109.48	\$167.13
CA	945-948	25-50 Lives	P4883	DPPO	\$50.30	\$100.59	\$105.25	\$160.67

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

CA	945-948	10-20 Lives	P4216	DPPO	\$59.85	\$119.70	\$125.24	\$191.19
CA	945-948	21-24 Lives	P4216	DPPO	\$57.14	\$114.29	\$119.58	\$182.54
CA	945-948	25-50 Lives	P4216	DPPO	\$54.94	\$109.87	\$114.96	\$175.49

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

* Denotes where Endo/Perio services are covered



OAKLAND, ETC. 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	945-948	2-4 Lives	P3306	VPPO	\$26.28	\$52.57	\$55.00	\$83.96
CA	945-948	5-9 Lives	P3306	VPPO	\$23.91	\$47.83	\$50.04	\$76.39
CA	945-948	10-20 Lives	P3306	VPPO	\$22.62	\$45.24	\$47.34	\$72.27
CA	945-948	21-24 Lives	P3306	VPPO	\$21.60	\$43.20	\$45.20	\$69.00
CA	945-948	25-50 Lives	P3306	VPPO	\$20.76	\$41.53	\$43.45	\$66.33

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

CA	945-948	2-4 Lives	P3337	VPPO	\$48.62	\$97.24	\$101.74	\$155.31
CA	945-948	5-9 Lives	P3337	VPPO	\$44.24	\$88.48	\$92.57	\$141.32
CA	945-948	10-20 Lives	P3337	VPPO	\$41.85	\$83.69	\$87.57	\$133.68
CA	945-948	21-24 Lives	P3337	VPPO	\$39.95	\$79.91	\$83.61	\$127.63
CA	945-948	25-50 Lives	P3337	VPPO	\$38.41	\$76.82	\$80.38	\$122.70

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

CA	945-948	10-20 Lives	P3350	VPPO	\$41.81	\$83.62	\$87.49	\$133.56
CA	945-948	21-24 Lives	P3350	VPPO	\$39.92	\$79.84	\$83.53	\$127.52
CA	945-948	25-50 Lives	P3350	VPPO	\$38.38	\$76.75	\$80.31	\$122.59

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

CA	945-948	10-20 Lives	P3378	VPPO	\$50.16	\$100.32	\$104.96	\$160.23
CA	945-948	21-24 Lives	P3378	VPPO	\$47.89	\$95.78	\$100.21	\$152.98
CA	945-948	25-50 Lives	P3378	VPPO	\$46.04	\$92.08	\$96.34	\$147.07

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

CA	945-948	10-20 Lives	P3362	VPPO	\$55.45	\$110.90	\$116.04	\$177.14
CA	945-948	21-24 Lives	P3362	VPPO	\$52.94	\$105.89	\$110.79	\$169.12
CA	945-948	25-50 Lives	P3362	VPPO	\$50.90	\$101.80	\$106.51	\$162.59

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

CA	945-948	10-20 Lives	P3389	VPPO	\$54.70	\$109.40	\$114.47	\$174.74
CA	945-948	21-24 Lives	P3389	VPPO	\$52.23	\$104.45	\$109.29	\$166.84
CA	945-948	25-50 Lives	P3389	VPPO	\$50.21	\$100.42	\$105.07	\$160.39

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.