



ORANGE 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	926-928	2-4 Lives	P5329	DPPO	\$28.69	\$57.38	\$60.04	\$91.65
CA	926-928	5-9 Lives	P5329	DPPO	\$26.11	\$52.21	\$54.63	\$83.39
CA	926-928	10-20 Lives	P5329	DPPO	\$24.69	\$49.39	\$51.67	\$78.88
CA	926-928	21-24 Lives	P5329	DPPO	\$23.58	\$47.15	\$49.34	\$75.31
CA	926-928	25-50 Lives	P5329	DPPO	\$22.67	\$45.33	\$47.43	\$72.41

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

CA	926-928	2-4 Lives	P5330	DPPO	\$32.15	\$64.29	\$67.27	\$102.69
CA	926-928	5-9 Lives	P5330	DPPO	\$29.25	\$58.50	\$61.21	\$93.43
CA	926-928	10-20 Lives	P5330	DPPO	\$27.67	\$55.34	\$57.90	\$88.38
CA	926-928	21-24 Lives	P5330	DPPO	\$26.42	\$52.83	\$55.28	\$84.39
CA	926-928	25-50 Lives	P5330	DPPO	\$25.40	\$50.79	\$53.14	\$81.13

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

CA	926-928	10-20 Lives	P5331	DPPO	\$34.05	\$68.11	\$71.26	\$108.78
CA	926-928	21-24 Lives	P5331	DPPO	\$32.51	\$65.03	\$68.04	\$103.86
CA	926-928	25-50 Lives	P5331	DPPO	\$31.26	\$62.51	\$65.41	\$99.85

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

CA	926-928	2-4 Lives	P3434	DPPO	\$46.46	\$92.92	\$97.22	\$148.42
CA	926-928	5-9 Lives	P3434	DPPO	\$42.27	\$84.55	\$88.46	\$135.04
CA	926-928	10-20 Lives	P3434	DPPO	\$39.99	\$79.98	\$83.68	\$127.74
CA	926-928	21-24 Lives	P3434	DPPO	\$38.18	\$76.36	\$79.89	\$121.96
CA	926-928	25-50 Lives	P3434	DPPO	\$36.71	\$73.41	\$76.81	\$117.25

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

CA	926-928	2-4 Lives	P4883	DPPO	\$66.88	\$133.76	\$139.95	\$213.64
CA	926-928	5-9 Lives	P4883	DPPO	\$60.85	\$121.70	\$127.34	\$194.39
CA	926-928	10-20 Lives	P4883	DPPO	\$57.56	\$115.13	\$120.46	\$183.88
CA	926-928	21-24 Lives	P4883	DPPO	\$54.96	\$109.92	\$115.01	\$175.56
CA	926-928	25-50 Lives	P4883	DPPO	\$52.84	\$105.67	\$110.56	\$168.78

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

CA	926-928	10-20 Lives	P4216	DPPO	\$62.87	\$125.74	\$131.57	\$200.84
CA	926-928	21-24 Lives	P4216	DPPO	\$60.03	\$120.05	\$125.61	\$191.75
CA	926-928	25-50 Lives	P4216	DPPO	\$57.71	\$115.42	\$120.76	\$184.35

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

* Denotes where Endo/Perio services are covered



ORANGE 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	926-928	2-4 Lives	P3306	VPPO	\$27.61	\$55.22	\$57.78	\$88.20
CA	926-928	5-9 Lives	P3306	VPPO	\$25.12	\$50.24	\$52.57	\$80.25
CA	926-928	10-20 Lives	P3306	VPPO	\$23.76	\$47.53	\$49.73	\$75.91
CA	926-928	21-24 Lives	P3306	VPPO	\$22.69	\$45.38	\$47.48	\$72.48
CA	926-928	25-50 Lives	P3306	VPPO	\$21.81	\$43.62	\$45.64	\$69.68

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

CA	926-928	2-4 Lives	P3337	VPPO	\$51.07	\$102.15	\$106.88	\$163.15
CA	926-928	5-9 Lives	P3337	VPPO	\$46.47	\$92.94	\$97.24	\$148.45
CA	926-928	10-20 Lives	P3337	VPPO	\$43.96	\$87.92	\$91.99	\$140.42
CA	926-928	21-24 Lives	P3337	VPPO	\$41.97	\$83.94	\$87.83	\$134.07
CA	926-928	25-50 Lives	P3337	VPPO	\$40.35	\$80.70	\$84.43	\$128.89

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

CA	926-928	10-20 Lives	P3350	VPPO	\$43.92	\$87.84	\$91.91	\$140.30
CA	926-928	21-24 Lives	P3350	VPPO	\$41.93	\$83.87	\$87.75	\$133.95
CA	926-928	25-50 Lives	P3350	VPPO	\$40.31	\$80.63	\$84.36	\$128.78

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

CA	926-928	10-20 Lives	P3378	VPPO	\$52.69	\$105.38	\$110.26	\$168.32
CA	926-928	21-24 Lives	P3378	VPPO	\$50.31	\$100.61	\$105.27	\$160.70
CA	926-928	25-50 Lives	P3378	VPPO	\$48.36	\$96.73	\$101.20	\$154.49

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

CA	926-928	10-20 Lives	P3362	VPPO	\$58.25	\$116.50	\$121.89	\$186.08
CA	926-928	21-24 Lives	P3362	VPPO	\$55.61	\$111.23	\$116.38	\$177.66
CA	926-928	25-50 Lives	P3362	VPPO	\$53.47	\$106.93	\$111.88	\$170.80

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

CA	926-928	10-20 Lives	P3389	VPPO	\$57.46	\$114.93	\$120.25	\$183.56
CA	926-928	21-24 Lives	P3389	VPPO	\$54.86	\$109.73	\$114.81	\$175.26
CA	926-928	25-50 Lives	P3389	VPPO	\$52.74	\$105.49	\$110.37	\$168.49

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.