



SAN DIEGO 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	919-921	2-4 Lives	P5329	DPPO	\$26.87	\$53.75	\$56.24	\$85.85
CA	919-921	5-9 Lives	P5329	DPPO	\$24.45	\$48.90	\$51.17	\$78.11
CA	919-921	10-20 Lives	P5329	DPPO	\$23.13	\$46.26	\$48.40	\$73.89
CA	919-921	21-24 Lives	P5329	DPPO	\$22.08	\$44.17	\$46.21	\$70.55
CA	919-921	25-50 Lives	P5329	DPPO	\$21.23	\$42.46	\$44.43	\$67.82

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

CA	919-921	2-4 Lives	P5330	DPPO	\$30.11	\$60.22	\$63.01	\$96.19
CA	919-921	5-9 Lives	P5330	DPPO	\$27.40	\$54.79	\$57.33	\$87.52
CA	919-921	10-20 Lives	P5330	DPPO	\$25.92	\$51.83	\$54.23	\$82.79
CA	919-921	21-24 Lives	P5330	DPPO	\$24.74	\$49.49	\$51.78	\$79.04
CA	919-921	25-50 Lives	P5330	DPPO	\$23.79	\$47.58	\$49.78	\$75.99

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

CA	919-921	10-20 Lives	P5331	DPPO	\$31.90	\$63.80	\$66.75	\$101.90
CA	919-921	21-24 Lives	P5331	DPPO	\$30.45	\$60.91	\$63.73	\$97.29
CA	919-921	25-50 Lives	P5331	DPPO	\$29.28	\$58.56	\$61.27	\$93.53

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

CA	919-921	2-4 Lives	P3434	DPPO	\$43.52	\$87.04	\$91.07	\$139.02
CA	919-921	5-9 Lives	P3434	DPPO	\$39.60	\$79.20	\$82.86	\$126.49
CA	919-921	10-20 Lives	P3434	DPPO	\$37.46	\$74.91	\$78.38	\$119.66
CA	919-921	21-24 Lives	P3434	DPPO	\$35.76	\$71.53	\$74.84	\$114.24
CA	919-921	25-50 Lives	P3434	DPPO	\$34.38	\$68.76	\$71.95	\$109.83

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

CA	919-921	2-4 Lives	P4883	DPPO	\$62.65	\$125.29	\$131.09	\$200.12
CA	919-921	5-9 Lives	P4883	DPPO	\$57.00	\$114.00	\$119.28	\$182.08
CA	919-921	10-20 Lives	P4883	DPPO	\$53.92	\$107.84	\$112.83	\$172.24
CA	919-921	21-24 Lives	P4883	DPPO	\$51.48	\$102.96	\$107.72	\$164.45
CA	919-921	25-50 Lives	P4883	DPPO	\$49.49	\$98.98	\$103.56	\$158.10

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

CA	919-921	10-20 Lives	P4216	DPPO	\$58.89	\$117.78	\$123.24	\$188.13
CA	919-921	21-24 Lives	P4216	DPPO	\$56.23	\$112.45	\$117.66	\$179.61
CA	919-921	25-50 Lives	P4216	DPPO	\$54.06	\$108.11	\$113.12	\$172.68

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

* Denotes where Endo/Perio services are covered



SAN DIEGO 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	919-921	2-4 Lives	P3306	VPPO	\$25.86	\$51.72	\$54.12	\$82.62
CA	919-921	5-9 Lives	P3306	VPPO	\$23.53	\$47.06	\$49.24	\$75.17
CA	919-921	10-20 Lives	P3306	VPPO	\$22.26	\$44.52	\$46.58	\$71.11
CA	919-921	21-24 Lives	P3306	VPPO	\$21.25	\$42.50	\$44.47	\$67.89
CA	919-921	25-50 Lives	P3306	VPPO	\$20.43	\$40.86	\$42.75	\$65.27

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

CA	919-921	2-4 Lives	P3337	DPPO	\$47.84	\$95.68	\$100.11	\$152.82
CA	919-921	5-9 Lives	P3337	DPPO	\$43.53	\$87.06	\$91.09	\$139.05
CA	919-921	10-20 Lives	P3337	DPPO	\$41.18	\$82.35	\$86.16	\$131.53
CA	919-921	21-24 Lives	P3337	DPPO	\$39.31	\$78.63	\$82.27	\$125.58
CA	919-921	25-50 Lives	P3337	DPPO	\$37.79	\$75.59	\$79.09	\$120.73

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

CA	919-921	10-20 Lives	P3350	VPPO	\$41.14	\$82.28	\$86.09	\$131.42
CA	919-921	21-24 Lives	P3350	VPPO	\$39.28	\$78.56	\$82.19	\$125.47
CA	919-921	25-50 Lives	P3350	VPPO	\$37.76	\$75.52	\$79.02	\$120.63

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

CA	919-921	10-20 Lives	P3378	VPPO	\$49.35	\$98.71	\$103.28	\$157.66
CA	919-921	21-24 Lives	P3378	VPPO	\$47.12	\$94.24	\$98.61	\$150.53
CA	919-921	25-50 Lives	P3378	VPPO	\$45.30	\$90.60	\$94.80	\$144.71

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

CA	919-921	10-20 Lives	P3362	VPPO	\$54.56	\$109.13	\$114.18	\$174.30
CA	919-921	21-24 Lives	P3362	VPPO	\$52.09	\$104.19	\$109.01	\$166.41
CA	919-921	25-50 Lives	P3362	VPPO	\$50.08	\$100.16	\$104.80	\$159.98

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

CA	919-921	10-20 Lives	P3389	VPPO	\$53.83	\$107.65	\$112.63	\$171.94
CA	919-921	21-24 Lives	P3389	VPPO	\$51.39	\$102.78	\$107.54	\$164.16
CA	919-921	25-50 Lives	P3389	VPPO	\$49.40	\$98.81	\$103.38	\$157.82

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.