



VENTURA 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	930, 931,934	2-4 Lives	P5329	DPPO	\$25.01	\$50.01	\$52.33	\$79.88
CA	930, 931,934	5-9 Lives	P5329	DPPO	\$22.75	\$45.51	\$47.61	\$72.68
CA	930, 931,934	10-20 Lives	P5329	DPPO	\$21.52	\$43.05	\$45.04	\$68.76
CA	930, 931,934	21-24 Lives	P5329	DPPO	\$20.55	\$41.10	\$43.00	\$65.64
CA	930, 931,934	25-50 Lives	P5329	DPPO	\$19.76	\$39.51	\$41.34	\$63.11

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

CA	930, 931,934	2-4 Lives	P5330	DPPO	\$28.02	\$56.04	\$58.63	\$89.50
CA	930, 931,934	5-9 Lives	P5330	DPPO	\$25.49	\$50.99	\$53.35	\$81.44
CA	930, 931,934	10-20 Lives	P5330	DPPO	\$24.12	\$48.23	\$50.46	\$77.04
CA	930, 931,934	21-24 Lives	P5330	DPPO	\$23.02	\$46.05	\$48.18	\$73.55
CA	930, 931,934	25-50 Lives	P5330	DPPO	\$22.14	\$44.27	\$46.32	\$70.71

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

CA	930, 931,934	10-20 Lives	P5331	DPPO	\$29.68	\$59.36	\$62.11	\$94.81
CA	930, 931,934	21-24 Lives	P5331	DPPO	\$28.34	\$56.68	\$59.30	\$90.52
CA	930, 931,934	25-50 Lives	P5331	DPPO	\$27.24	\$54.49	\$57.01	\$87.03

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

CA	930, 931,934	2-4 Lives	P3434	DPPO	\$40.50	\$80.99	\$84.74	\$129.36
CA	930, 931,934	5-9 Lives	P3434	DPPO	\$36.85	\$73.69	\$77.10	\$117.70
CA	930, 931,934	10-20 Lives	P3434	DPPO	\$34.85	\$69.71	\$72.94	\$111.34
CA	930, 931,934	21-24 Lives	P3434	DPPO	\$33.28	\$66.55	\$69.64	\$106.30
CA	930, 931,934	25-50 Lives	P3434	DPPO	\$31.99	\$63.98	\$66.95	\$102.20

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

CA	930, 931,934	2-4 Lives	P4883	DPPO	\$58.29	\$116.58	\$121.98	\$186.21
CA	930, 931,934	5-9 Lives	P4883	DPPO	\$53.04	\$106.08	\$110.99	\$169.43
CA	930, 931,934	10-20 Lives	P4883	DPPO	\$50.17	\$100.34	\$104.99	\$160.27
CA	930, 931,934	21-24 Lives	P4883	DPPO	\$47.90	\$95.80	\$100.24	\$153.02
CA	930, 931,934	25-50 Lives	P4883	DPPO	\$46.05	\$92.10	\$96.37	\$147.11

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

CA	930, 931,934	10-20 Lives	P4216	DPPO	\$54.80	\$109.60	\$114.67	\$175.05
CA	930, 931,934	21-24 Lives	P4216	DPPO	\$52.32	\$104.64	\$109.48	\$167.13
CA	930, 931,934	25-50 Lives	P4216	DPPO	\$50.30	\$100.60	\$105.25	\$160.68

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

* Denotes where Endo/Perio services are covered



VENTURA 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	930, 931,934	2-4 Lives	P3306	VPPO	\$24.07	\$48.13	\$50.36	\$76.87
CA	930, 931,934	5-9 Lives	P3306	VPPO	\$21.90	\$43.79	\$45.82	\$69.95
CA	930, 931,934	10-20 Lives	P3306	VPPO	\$20.71	\$41.43	\$43.34	\$66.17
CA	930, 931,934	21-24 Lives	P3306	VPPO	\$19.78	\$39.55	\$41.38	\$63.17
CA	930, 931,934	25-50 Lives	P3306	VPPO	\$19.01	\$38.02	\$39.78	\$60.73

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

CA	930, 931,934	2-4 Lives	P3337	VPPO	\$44.52	\$89.03	\$93.15	\$142.20
CA	930, 931,934	5-9 Lives	P3337	VPPO	\$40.50	\$81.01	\$84.76	\$129.39
CA	930, 931,934	10-20 Lives	P3337	VPPO	\$38.31	\$76.63	\$80.18	\$122.39
CA	930, 931,934	21-24 Lives	P3337	VPPO	\$36.58	\$73.16	\$76.55	\$116.86
CA	930, 931,934	25-50 Lives	P3337	VPPO	\$35.17	\$70.34	\$73.59	\$112.34

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

CA	930, 931,934	10-20 Lives	P3350	VPPO	\$38.28	\$76.56	\$80.11	\$122.29
CA	930, 931,934	21-24 Lives	P3350	VPPO	\$36.55	\$73.10	\$76.48	\$116.75
CA	930, 931,934	25-50 Lives	P3350	VPPO	\$35.14	\$70.27	\$73.53	\$112.24

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

CA	930, 931,934	10-20 Lives	P3378	VPPO	\$45.92	\$91.85	\$96.10	\$146.70
CA	930, 931,934	21-24 Lives	P3378	VPPO	\$43.85	\$87.69	\$91.75	\$140.07
CA	930, 931,934	25-50 Lives	P3378	VPPO	\$42.15	\$84.31	\$88.21	\$134.66

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

CA	930, 931,934	10-20 Lives	P3362	VPPO	\$50.77	\$101.54	\$106.24	\$162.18
CA	930, 931,934	21-24 Lives	P3362	VPPO	\$48.47	\$96.95	\$101.44	\$154.85
CA	930, 931,934	25-50 Lives	P3362	VPPO	\$46.60	\$93.20	\$97.52	\$148.87

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

CA	930, 931,934	10-20 Lives	P3389	VPPO	\$50.08	\$100.17	\$104.81	\$159.99
CA	930, 931,934	21-24 Lives	P3389	VPPO	\$47.82	\$95.64	\$100.06	\$152.75
CA	930, 931,934	25-50 Lives	P3389	VPPO	\$45.97	\$91.94	\$96.20	\$146.85

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.