

Summary of Benefits ¹	Patient copayments			
	10A	11A	12A	15B
Plan				
Diagnostic and preventive services (No deductible) including but not limited to:				
(D0120) Periodic oral evaluation	No Cost	No Cost	No Cost	No Cost
(D0274) Bitewing radiographs – four films – limited to 1 series every 6-months	No Cost	No Cost	No Cost	No Cost
(D1110) Adult prophylaxis cleaning – 1 per 6-month period	No Cost	No Cost	No Cost	\$5
Other basic services including but not limited to:				
(D2140) Amalgam filling one surface primary or permanent	No Cost	No Cost	\$5	\$8
(D3310) Root canal – anterior (excluding final restoration)	\$45	\$55	\$85	\$125
(D4210) Gingivectomy on gingivoplashy (4 or more teeth per quadrant)	\$80	\$130	\$135	\$160
(D7220) Removal of impacted tooth – soft tissue	\$25	\$50	\$55	\$70
Crowns, cast restorations and prosthodontics including but not limited to:				
(D2792) Crown full cast noble metal	\$110	\$150	\$200	\$335
(D5110/D5120) Complete denture upper/lower	\$100	\$145	\$215	\$365
(D6212) Pontic cast noble metal	\$110	\$150	\$200	\$335
Orthodontic benefits (minimum of five primary enrollees)				
(D8070) Comprehensive ortho treatment of the transitional dentition – child or adolescent to age 19	\$1,700	\$1,700	\$1,700	\$1,900
(D8090) Comprehensive ortho treatment of the adult dentition – adults, including dependent adult/children covered as full-time students	\$1,700	\$1,900	\$1,900	\$2,100

¹ Please refer to the marketing brochure for additional information on benefit copayments, deductibles, maximums, limitations and exclusions and enrollment guidelines. See back side of this sheet for a list of eligible and ineligible industries.

In addition to choosing the plan design that best suits your business' needs, you may also choose from three employee participation and employer contribution options. Employers are required to provide payroll deduction for the employee's cost of coverage.

Option A – Employer contributes 100% of the employee and dependent premium. All eligible employees and eligible dependents must enroll.

Option B – Employer contributes 75% to 99.9% of the employee premium and 0% to 99.9% for dependent coverage. A minimum of 80% or five primary enrollees must enroll.

Option C – Employer contributes 0% to 74.9% of the cost for employees and 0% for dependents. A minimum of five primary enrollees must enroll.

Plan	Rates															
	Regions 1-2				Regions 3				Regions 4				Regions 5			
	10A	11A	12A	15B	10A	11A	12A	15B	10A	11A	12A	15B	10A	11A	12A	15B
	Option A															
One Party	\$20.41	\$16.95	\$14.97	\$11.84	\$23.18	\$19.37	\$17.28	\$13.45	\$24.70	\$20.63	\$18.50	\$14.33	\$63.62	\$60.32	\$56.12	\$48.20
Two Party	\$33.67	\$27.93	\$24.66	\$19.54	\$38.22	\$31.96	\$28.54	\$22.17	\$40.75	\$34.07	\$30.57	\$23.63	\$104.95	\$99.50	\$92.58	\$79.50
Three Party +	\$49.79	\$41.33	\$36.46	\$28.87	\$56.53	\$47.24	\$42.25	\$32.78	\$60.25	\$50.36	\$45.17	\$34.95	\$155.25	\$147.18	\$136.95	\$117.61
	Option B															
One Party	\$20.41	\$16.95	\$14.97	\$11.84	\$23.18	\$19.37	\$17.28	\$13.45	\$24.70	\$20.63	\$18.50	\$14.33	\$63.62	\$60.32	\$56.12	\$48.20
Two Party	\$36.62	\$30.36	\$26.67	\$21.24	\$41.24	\$34.39	\$30.58	\$23.92	\$43.79	\$36.49	\$32.59	\$25.39	\$107.13	\$101.57	\$94.50	\$81.14
Three Party +	\$54.18	\$44.88	\$39.38	\$31.43	\$61.01	\$50.87	\$45.17	\$35.39	\$64.76	\$54.00	\$48.14	\$37.57	\$158.45	\$150.22	\$139.76	\$120.03
	Option C															
One Party	\$23.49	\$19.39	\$17.01	\$13.62	\$26.29	\$21.89	\$19.42	\$15.25	\$27.83	\$23.16	\$20.63	\$16.13	\$66.47	\$63.03	\$58.64	\$50.36
Two Party	\$38.75	\$32.01	\$28.05	\$22.47	\$43.39	\$36.08	\$32.01	\$25.17	\$45.93	\$38.22	\$34.03	\$26.64	\$109.67	\$103.99	\$96.75	\$83.08
Three Party +	\$57.30	\$47.34	\$41.51	\$33.22	\$64.20	\$53.34	\$47.34	\$37.22	\$67.93	\$56.49	\$50.30	\$39.41	\$162.21	\$153.80	\$143.09	\$122.88

Regions 1-2: Los Angeles and Orange counties.

Region 3: Alameda, Contra Costa, Fresno, Kern, Mariposa, Riverside, San Bernardino, San Diego, San Francisco, San Mateo, Santa Clara and Ventura counties.

Region 4: Alpine, Amador, Calaveras, Colusa, El Dorado, Imperial, Inyo, Kings, Madera, Marin, Merced, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Joaquin, San Luis Obispo, Santa Barbara, Sierra, Solano, Sonoma, Stanislaus, Tuolumne, Tulare and Yolo counties.

Region 5: Butte, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Mono, San Benito, Santa Cruz, Shasta, Siskiyou, Sutter, Tehama, Trinity and Yuba counties.

Rate guarantee: One year for groups enrolling no later than December 1, 2010.

Broker commission: These rates include 10% flat broker commission and any applicable miscellaneous broker compensation.

Eligible/Ineligible Industries — DeltaCare USA

Eligible Industries

All except for those identified as ineligible below.

Ineligible Industries:

- Law firms, associations, businesses without a true employer/employee relationship.
- Businesses with seasonal employment or high turnover.¹

¹ A business has high turnover if 20% or more of the average number of its employees during the past 12 months were newly hired for reasons other than the growth of the business.