



Dual Option Dental Plan

Benefit Highlights

Plan Feature	Dental DHMO Network Plan 3000	Dental PPO Plan 170	
		In PPO Network	Out-of-Network*
Annual Deductible for Basic and Major Services	None	\$50 per person \$50x3 per family	\$75 per person \$75x3 per family
Office Visit Co-Payment	\$5.00	None	None
Coinsurance <ul style="list-style-type: none"> ▪ Preventive and Diagnostic ▪ Basic Restorative ▪ Basic Periodontics, Endodontics, Oral Surgery ▪ Major Restorative, Periodontics, Endodontics, Oral Surgery 	100% 80% 80% 50%	100% 80% 50% 50%**	80% 80% 50% 50%**
Annual Maximum	Unlimited	\$1,000	\$1,000
Orthodontia <ul style="list-style-type: none"> ▪ Child ▪ Adult 	\$1,000 Savings \$1,000 Savings	Not Covered Not Covered	Not Covered Not Covered
Claim Payment Basis	Claimless	GUARDIAN PPO Discounted Fee Schedule	70 th Percentile UCR
Provider Choice	Dental Network Plan Provider	Dental PPO Network Provider	Any Dental Provider

Rates Jan.1-Dec. 31, 2010

	DHMO	PPO
Single	\$ 20.97	\$ 43.35
Two Person	41.89	81.14
Family	60.64	123.98

* Out-of-Network Dentist charges subject to Usual, Customary and Reasonable Fees.

**There is a twelve month wait for Major Restorative and Surgical Periodontics.

Dental Network Plan 3000 coverage is provided through copayments based on a fixed fee schedule all participating providers have agreed to accept. The PPO Fee Schedule and Dental Network Plan 3000 copayments are subject to adjustment January 1 each year.