



California

7 to 24 Enrolled Employees
3-Tier Rates

Rates Effective 7/01/2011 - 12/31/2011

Locate the Group's
home office zip code

Area 1 From/To	Area 2 From/To	Area 3 From/To	Area 4 From/To	Area 5 From/To	Area 6 From/To	Area 7 From/To	Area 8 From/To
900-904 945-948	905-930	931 940-941 943-944	932-933 935-937	934 939 954-961	942	949-951	952-953

		Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
Plan Option 1									
In - \$1,000 100/80/50 \$50w	Employee	\$ 48.05	\$ 43.35	\$ 52.40	\$ 39.88	\$ 43.66	\$ 44.46	\$ 49.02	\$ 41.26
Out - \$1,000 80/80/50 \$50w	Employee + 1 (Spouse or Child)	\$ 93.41	\$ 84.28	\$ 101.92	\$ 77.59	\$ 84.86	\$ 86.41	\$ 95.32	\$ 80.23
Endo, Perio, Oral - Class II	Employee + Family	\$ 139.32	\$ 125.80	\$ 151.84	\$ 115.94	\$ 126.57	\$ 128.71	\$ 142.03	\$ 119.74
Plan Option 1A									
With \$1,000 Adult/Child Ortho	Employee	\$ 48.37	\$ 43.68	\$ 52.75	\$ 40.20	\$ 43.99	\$ 44.79	\$ 49.33	\$ 41.58
	Employee + 1 (Spouse or Child)	\$ 94.05	\$ 84.91	\$ 102.58	\$ 78.20	\$ 85.51	\$ 87.05	\$ 95.96	\$ 80.87
	Employee + Family	\$ 152.20	\$ 138.70	\$ 164.72	\$ 128.88	\$ 139.47	\$ 141.62	\$ 154.91	\$ 132.67
Plan Option 2									
In - \$1,500 100/80/50 \$50w	Employee	\$ 54.79	\$ 49.77	\$ 58.98	\$ 45.84	\$ 51.06	\$ 52.53	\$ 57.14	\$ 47.94
Out - \$1,500 80/80/50 \$50w	Employee + 1 (Spouse or Child)	\$ 106.33	\$ 96.61	\$ 114.50	\$ 89.02	\$ 99.08	\$ 101.90	\$ 110.85	\$ 93.05
Endo, Perio, Oral - Class II	Employee + Family	\$ 156.57	\$ 142.36	\$ 168.37	\$ 131.32	\$ 145.83	\$ 149.86	\$ 163.09	\$ 137.06
Plan Option 2A									
With \$1,000 Adult/Child Ortho	Employee	\$ 55.14	\$ 50.10	\$ 59.31	\$ 46.19	\$ 51.40	\$ 52.86	\$ 57.47	\$ 48.27
	Employee + 1 (Spouse or Child)	\$ 106.99	\$ 97.25	\$ 115.15	\$ 89.68	\$ 99.74	\$ 102.57	\$ 111.53	\$ 93.71
	Employee + Family	\$ 169.18	\$ 155.17	\$ 180.65	\$ 144.14	\$ 158.65	\$ 162.62	\$ 175.88	\$ 149.89
Plan Option 2B									
With \$1,500 Adult/Child Ortho	Employee	\$ 55.28	\$ 50.24	\$ 59.47	\$ 46.31	\$ 51.54	\$ 52.98	\$ 57.61	\$ 48.40
	Employee + 1 (Spouse or Child)	\$ 107.25	\$ 97.51	\$ 115.41	\$ 89.91	\$ 99.99	\$ 102.81	\$ 111.79	\$ 93.98
	Employee + Family	\$ 173.91	\$ 159.96	\$ 185.24	\$ 148.97	\$ 163.44	\$ 167.42	\$ 180.66	\$ 154.69
Plan Option 3									
In - \$2,000 100/80/50 \$50w	Employee	\$ 57.18	\$ 51.43	\$ 61.66	\$ 47.41	\$ 53.11	\$ 54.82	\$ 59.33	\$ 49.77
Out - \$2,000 80/80/50 \$50w	Employee + 1 (Spouse or Child)	\$ 110.83	\$ 99.72	\$ 119.52	\$ 91.96	\$ 102.96	\$ 106.24	\$ 115.01	\$ 96.48
Endo, Perio, Oral - Class II	Employee + Family	\$ 162.07	\$ 145.96	\$ 174.54	\$ 134.70	\$ 150.49	\$ 155.15	\$ 168.05	\$ 141.12
Plan Option 3A									
With \$1,000 Adult/Child Ortho	Employee	\$ 57.52	\$ 51.78	\$ 62.01	\$ 47.77	\$ 53.45	\$ 55.17	\$ 59.71	\$ 50.12
	Employee + 1 (Spouse or Child)	\$ 112.94	\$ 101.82	\$ 121.58	\$ 94.05	\$ 105.08	\$ 108.34	\$ 117.15	\$ 98.60
	Employee + Family	\$ 174.26	\$ 158.23	\$ 186.35	\$ 147.00	\$ 162.74	\$ 167.40	\$ 180.29	\$ 153.40
Plan Option 3B									
With \$1,500 Adult/Child Ortho	Employee	\$ 57.65	\$ 51.91	\$ 62.13	\$ 47.89	\$ 53.58	\$ 55.30	\$ 59.82	\$ 50.25
	Employee + 1 (Spouse or Child)	\$ 113.73	\$ 102.63	\$ 122.34	\$ 94.83	\$ 105.88	\$ 109.13	\$ 117.94	\$ 99.38
	Employee + Family	\$ 178.81	\$ 162.83	\$ 190.79	\$ 151.61	\$ 167.34	\$ 171.99	\$ 184.87	\$ 158.00
Plan Option 4									
In - \$1,000 100/80/50 \$50w	Employee	\$ 45.02	\$ 41.15	\$ 47.88	\$ 37.92	\$ 40.07	\$ 40.02	\$ 45.20	\$ 38.40
Out - \$1,000 80/60/40 \$50w	Employee + 1 (Spouse or Child)	\$ 87.58	\$ 80.01	\$ 93.15	\$ 73.78	\$ 77.93	\$ 77.82	\$ 87.91	\$ 74.68
Endo, Perio, Oral - Class II	Employee + Family	\$ 131.14	\$ 119.83	\$ 139.41	\$ 110.57	\$ 116.67	\$ 116.45	\$ 131.60	\$ 111.84
Plan Option 4A									
With \$1,000 Adult/Child Ortho	Employee	\$ 45.35	\$ 41.47	\$ 48.22	\$ 38.24	\$ 40.39	\$ 40.35	\$ 45.52	\$ 38.70
	Employee + 1 (Spouse or Child)	\$ 88.19	\$ 80.66	\$ 93.81	\$ 74.39	\$ 78.56	\$ 78.44	\$ 88.54	\$ 75.30
	Employee + Family	\$ 144.06	\$ 132.79	\$ 152.32	\$ 123.54	\$ 129.64	\$ 129.41	\$ 144.49	\$ 124.82
Plan Option 5									
In - \$1,500 100/80/50 \$50w	Employee	\$ 46.52	\$ 43.02	\$ 48.41	\$ 39.59	\$ 40.64	\$ 39.82	\$ 46.07	\$ 39.41
Out - \$1,500 80/60/40 \$50w	Employee + 1 (Spouse or Child)	\$ 90.25	\$ 83.43	\$ 93.95	\$ 76.79	\$ 78.83	\$ 77.23	\$ 89.36	\$ 76.43
Endo, Perio, Oral - Class II	Employee + Family	\$ 132.75	\$ 122.71	\$ 138.15	\$ 113.00	\$ 115.95	\$ 113.56	\$ 131.44	\$ 112.41
Plan Option 5A									
With \$1,000 Adult/Child Ortho	Employee	\$ 46.85	\$ 43.35	\$ 48.75	\$ 39.93	\$ 40.97	\$ 40.13	\$ 46.41	\$ 39.71
	Employee + 1 (Spouse or Child)	\$ 92.34	\$ 85.53	\$ 96.04	\$ 78.86	\$ 80.93	\$ 79.30	\$ 91.46	\$ 78.50
	Employee + Family	\$ 145.07	\$ 135.06	\$ 150.47	\$ 125.38	\$ 128.31	\$ 125.91	\$ 143.76	\$ 124.77
Plan Option 5B									
With \$1,500 Adult/Child Ortho	Employee	\$ 46.98	\$ 43.46	\$ 48.90	\$ 40.04	\$ 41.08	\$ 40.26	\$ 46.55	\$ 39.85
	Employee + 1 (Spouse or Child)	\$ 93.13	\$ 86.30	\$ 96.80	\$ 79.65	\$ 81.72	\$ 80.09	\$ 92.24	\$ 79.30
	Employee + Family	\$ 149.69	\$ 139.68	\$ 155.09	\$ 130.00	\$ 132.91	\$ 130.55	\$ 148.37	\$ 129.41
Plan Option 6									
In - \$2,000 100/80/50 \$50w	Employee	\$ 48.89	\$ 44.47	\$ 52.44	\$ 41.01	\$ 43.89	\$ 44.14	\$ 49.35	\$ 41.84
Out - \$2,000 80/60/40 \$50w	Employee + 1 (Spouse or Child)	\$ 94.89	\$ 86.32	\$ 101.84	\$ 79.67	\$ 85.19	\$ 85.70	\$ 95.84	\$ 81.25
Endo, Perio, Oral - Class II	Employee + Family	\$ 140.40	\$ 127.74	\$ 150.64	\$ 117.91	\$ 126.00	\$ 126.69	\$ 141.71	\$ 120.20
Plan Option 6A									
With \$1,000 Adult/Child Ortho	Employee	\$ 49.23	\$ 44.80	\$ 52.78	\$ 41.35	\$ 44.21	\$ 44.48	\$ 49.71	\$ 42.16
	Employee + 1 (Spouse or Child)	\$ 96.99	\$ 88.41	\$ 103.93	\$ 81.75	\$ 87.28	\$ 87.78	\$ 97.95	\$ 83.31
	Employee + Family	\$ 152.74	\$ 140.10	\$ 162.94	\$ 130.30	\$ 138.38	\$ 139.06	\$ 154.07	\$ 132.57
Plan Option 6B									
With \$1,500 Adult/Child Ortho	Employee	\$ 49.35	\$ 44.93	\$ 52.92	\$ 41.48	\$ 44.33	\$ 44.61	\$ 49.82	\$ 42.30
	Employee + 1 (Spouse or Child)	\$ 97.78	\$ 89.20	\$ 104.74	\$ 82.52	\$ 88.04	\$ 88.54	\$ 98.71	\$ 84.10
	Employee + Family	\$ 157.37	\$ 144.73	\$ 167.58	\$ 134.94	\$ 143.01	\$ 143.68	\$ 158.69	\$ 137.22



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Plan Option 7									
In - \$1,000 100/90/60 \$50w	Employee	\$ 49.54	\$ 44.79	\$ 53.90	\$ 41.28	\$ 44.96	\$ 45.71	\$ 50.46	\$ 42.60
Out - \$1,000 100/80/50 \$50w	Employee + 1 (Spouse or Child)	\$ 96.39	\$ 87.13	\$ 104.89	\$ 80.33	\$ 87.52	\$ 88.92	\$ 98.18	\$ 82.87
Endo, Perio, Oral - Class II	Employee + Family	\$ 144.46	\$ 130.46	\$ 157.30	\$ 120.26	\$ 131.18	\$ 133.35	\$ 147.18	\$ 124.17
Plan Option 7A									
With \$1,000 Adult/Child Ortho	Employee	\$ 49.86	\$ 45.13	\$ 54.25	\$ 41.60	\$ 45.29	\$ 46.05	\$ 50.82	\$ 42.93
	Employee + 1 (Spouse or Child)	\$ 98.48	\$ 89.21	\$ 106.96	\$ 82.40	\$ 89.58	\$ 91.01	\$ 100.27	\$ 84.94
	Employee + Family	\$ 156.87	\$ 142.92	\$ 169.68	\$ 132.73	\$ 143.62	\$ 145.80	\$ 159.59	\$ 136.62
Plan Option 8									
In - \$1,500 100/90/60 \$50w	Employee	\$ 59.08	\$ 53.11	\$ 65.01	\$ 48.99	\$ 54.20	\$ 55.59	\$ 60.62	\$ 51.04
Out - \$1,500 100/80/50 \$50w	Employee + 1 (Spouse or Child)	\$ 114.71	\$ 103.06	\$ 126.22	\$ 95.10	\$ 105.21	\$ 107.93	\$ 117.68	\$ 99.06
Endo, Perio, Oral - Class II	Employee + Family	\$ 169.23	\$ 151.90	\$ 186.41	\$ 140.09	\$ 155.27	\$ 159.38	\$ 173.76	\$ 146.04
Plan Option 8A									
With \$1,000 Adult/Child Ortho	Employee	\$ 59.44	\$ 53.43	\$ 65.35	\$ 49.32	\$ 54.54	\$ 55.93	\$ 60.96	\$ 51.38
	Employee + 1 (Spouse or Child)	\$ 115.42	\$ 103.74	\$ 126.93	\$ 95.76	\$ 105.89	\$ 108.59	\$ 118.38	\$ 99.71
	Employee + Family	\$ 182.01	\$ 164.73	\$ 199.20	\$ 152.89	\$ 168.07	\$ 172.19	\$ 186.56	\$ 158.84
Plan Option 8B									
With \$1,500 Adult/Child Ortho	Employee	\$ 59.56	\$ 53.58	\$ 65.49	\$ 49.47	\$ 54.68	\$ 56.07	\$ 61.10	\$ 51.50
	Employee + 1 (Spouse or Child)	\$ 115.67	\$ 103.98	\$ 127.19	\$ 96.03	\$ 106.14	\$ 108.85	\$ 118.64	\$ 99.95
	Employee + Family	\$ 186.82	\$ 169.52	\$ 203.99	\$ 157.70	\$ 172.87	\$ 176.97	\$ 191.34	\$ 163.63
Plan Option 9									
In - \$2,000 100/90/60 \$50w	Employee	\$ 62.15	\$ 55.72	\$ 68.67	\$ 51.44	\$ 57.27	\$ 58.95	\$ 63.96	\$ 53.79
Out - \$2,000 100/80/50 \$50w	Employee + 1 (Spouse or Child)	\$ 120.48	\$ 107.99	\$ 133.18	\$ 99.74	\$ 111.05	\$ 114.36	\$ 123.99	\$ 104.27
Endo, Perio, Oral - Class II	Employee + Family	\$ 176.19	\$ 157.74	\$ 194.99	\$ 145.59	\$ 162.40	\$ 167.45	\$ 181.47	\$ 152.39
Plan Option 9A									
With \$1,000 Adult/Child Ortho	Employee	\$ 62.50	\$ 56.06	\$ 69.04	\$ 51.79	\$ 57.62	\$ 59.31	\$ 64.33	\$ 54.15
	Employee + 1 (Spouse or Child)	\$ 122.63	\$ 110.10	\$ 135.30	\$ 101.84	\$ 113.16	\$ 116.48	\$ 126.11	\$ 106.39
	Employee + Family	\$ 188.43	\$ 170.00	\$ 207.23	\$ 157.87	\$ 174.64	\$ 179.70	\$ 193.72	\$ 164.64
Plan Option 9B									
With \$1,500 Adult/Child Ortho	Employee	\$ 62.66	\$ 56.20	\$ 69.18	\$ 51.92	\$ 57.77	\$ 59.46	\$ 64.47	\$ 54.28
	Employee + 1 (Spouse or Child)	\$ 123.42	\$ 110.89	\$ 136.10	\$ 102.66	\$ 113.97	\$ 117.28	\$ 126.90	\$ 107.18
	Employee + Family	\$ 193.00	\$ 174.60	\$ 211.80	\$ 162.45	\$ 179.23	\$ 184.29	\$ 198.29	\$ 169.24
Plan Option 10									
In - \$1,000 100/80/50 \$50w	Employee	\$ 49.57	\$ 44.62	\$ 54.48	\$ 41.03	\$ 45.33	\$ 46.41	\$ 50.84	\$ 42.70
Out - \$1,000 100/80/50 \$50w	Employee + 1 (Spouse or Child)	\$ 96.49	\$ 86.81	\$ 106.05	\$ 79.89	\$ 88.25	\$ 90.30	\$ 98.91	\$ 83.12
Endo, Perio, Oral - Class II	Employee + Family	\$ 145.25	\$ 130.62	\$ 159.65	\$ 120.24	\$ 132.84	\$ 135.92	\$ 148.90	\$ 125.11
Plan Option 10A									
With \$1,000 Adult/Child Ortho	Employee	\$ 49.91	\$ 44.95	\$ 54.82	\$ 41.37	\$ 45.67	\$ 46.74	\$ 51.17	\$ 43.04
	Employee + 1 (Spouse or Child)	\$ 97.16	\$ 87.44	\$ 106.72	\$ 80.50	\$ 88.90	\$ 90.94	\$ 99.58	\$ 83.75
	Employee + Family	\$ 158.20	\$ 143.57	\$ 172.57	\$ 133.22	\$ 145.80	\$ 148.86	\$ 161.84	\$ 138.08
Plan Option 11									
In - \$1,500 100/80/50 \$50w	Employee	\$ 57.84	\$ 51.69	\$ 63.06	\$ 47.59	\$ 53.55	\$ 55.37	\$ 59.81	\$ 50.10
Out - \$1,500 100/80/50 \$50w	Employee + 1 (Spouse or Child)	\$ 112.36	\$ 100.37	\$ 122.56	\$ 92.48	\$ 104.03	\$ 107.54	\$ 116.16	\$ 97.30
Endo, Perio, Oral - Class II	Employee + Family	\$ 166.87	\$ 149.04	\$ 182.02	\$ 137.31	\$ 154.48	\$ 159.77	\$ 172.55	\$ 144.51
Plan Option 11A									
With \$1,000 Adult/Child Ortho	Employee	\$ 58.18	\$ 52.04	\$ 63.43	\$ 47.91	\$ 53.91	\$ 55.73	\$ 60.16	\$ 50.44
	Employee + 1 (Spouse or Child)	\$ 113.02	\$ 101.05	\$ 123.21	\$ 93.13	\$ 104.69	\$ 108.24	\$ 116.86	\$ 97.98
	Employee + Family	\$ 179.69	\$ 161.89	\$ 194.58	\$ 150.18	\$ 167.32	\$ 172.59	\$ 185.35	\$ 157.36
Plan Option 11B									
With \$1,500 Adult/Child Ortho	Employee	\$ 58.31	\$ 52.14	\$ 63.54	\$ 48.06	\$ 54.02	\$ 55.86	\$ 60.31	\$ 50.58
	Employee + 1 (Spouse or Child)	\$ 113.29	\$ 101.30	\$ 123.48	\$ 93.39	\$ 104.95	\$ 108.49	\$ 117.12	\$ 98.23
	Employee + Family	\$ 184.49	\$ 166.71	\$ 199.27	\$ 154.99	\$ 172.10	\$ 177.40	\$ 190.15	\$ 162.17



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Plan Option 12									
In - \$2,000 100/80/50 \$50w	Employee	\$ 60.58	\$ 53.97	\$ 65.92	\$ 49.75	\$ 56.44	\$ 58.67	\$ 62.93	\$ 52.63
Out - \$2,000 100/80/50 \$50w	Employee + 1 (Spouse or Child)	\$ 117.59	\$ 104.70	\$ 127.96	\$ 96.54	\$ 109.55	\$ 113.86	\$ 122.10	\$ 102.17
Endo, Perio, Oral - Class II	Employee + Family	\$ 173.47	\$ 154.42	\$ 188.79	\$ 142.38	\$ 161.56	\$ 168.01	\$ 180.12	\$ 150.70
Plan Option 12A									
With \$1,000 Adult/Child Ortho	Employee	\$ 60.93	\$ 54.31	\$ 66.27	\$ 50.08	\$ 56.80	\$ 59.02	\$ 63.28	\$ 52.98
	Employee + 1 (Spouse or Child)	\$ 119.70	\$ 106.82	\$ 130.03	\$ 98.64	\$ 111.64	\$ 115.99	\$ 124.21	\$ 104.25
	Employee + Family	\$ 185.76	\$ 166.73	\$ 200.70	\$ 154.69	\$ 173.84	\$ 180.29	\$ 192.40	\$ 163.01
Plan Option 12B									
With \$1,500 Adult/Child Ortho	Employee	\$ 61.06	\$ 54.45	\$ 66.41	\$ 50.20	\$ 56.94	\$ 59.18	\$ 63.41	\$ 53.12
	Employee + 1 (Spouse or Child)	\$ 120.49	\$ 107.61	\$ 130.80	\$ 99.42	\$ 112.44	\$ 116.78	\$ 125.02	\$ 105.05
	Employee + Family	\$ 190.37	\$ 171.35	\$ 205.17	\$ 159.30	\$ 178.45	\$ 184.89	\$ 197.00	\$ 167.61

UNDERWRITING GUIDELINES

SINGLE OPTION (STAND ALONE) PPO:

Minimum of 7 enrolled lives.

Above rates reduced by 3% if plans are sold as stand alone.

DUAL OPTION PPO/PPO (Under 25 enrolled):

Not available.

DUAL OPTION DHMO/PPO (7 to 24 enrolled):

Minimum combined participation is 7 enrolled lives.

DHMO: Minimum of 2 enrolled lives.

PPO: Minimum of 5 enrolled lives.

RATE GUARANTEE

Rates for sold plans will be guaranteed for a period of twelve (12) months.

OUT OF STATE COVERAGE

Dental plan rates are applicable to groups situated in California with a maximum of 10% of employees outside of California. Please contact your local Sales Office for additional rates and plans when more than 10% of employees do not reside in California.

SOLD GROUPS ARE SUBJECT TO UNDERWRITING APPROVAL

1. All rates provided are at the 80th UCR. For 90th UCR, add a 1.02 factor to the rates provided.
For any other UCR options, please contact your local sales office for factor (based on three digit zip code)
2. One time open enrollment at issue is included. Annual open enrollment available for a 1.02 load added to the rates provided.
3. Dependent Age Limitation is 19/23. To change Dependent Age Limitation to 26/26, add a 1.01 factor to the rates provided.
4. Standard commissions are included.



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		Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
Plan Option 1									
In - \$1,000 100/80/50 \$50w	Employee	\$ 48.05	\$ 43.35	\$ 52.40	\$ 39.88	\$ 43.66	\$ 44.46	\$ 49.02	\$ 41.26
Out - \$1,000 80/80/50 \$50w	Employee plus Spouse	\$ 97.15	\$ 87.63	\$ 106.03	\$ 80.68	\$ 88.27	\$ 89.89	\$ 99.14	\$ 83.45
Endo, Perio, Oral - Class II	Employee plus Child(ren)	\$ 91.48	\$ 82.65	\$ 99.67	\$ 76.18	\$ 83.10	\$ 84.51	\$ 93.22	\$ 78.66
	Employee + Family	\$ 143.80	\$ 129.82	\$ 156.74	\$ 119.61	\$ 130.63	\$ 132.87	\$ 146.62	\$ 123.56
Plan Option 1A									
With \$1,000 Adult/Child Ortho	Employee	\$ 48.37	\$ 43.68	\$ 52.75	\$ 40.20	\$ 43.99	\$ 44.79	\$ 49.33	\$ 41.58
	Employee plus Spouse	\$ 97.86	\$ 88.32	\$ 106.78	\$ 81.34	\$ 88.97	\$ 90.59	\$ 99.85	\$ 84.15
	Employee plus Child(ren)	\$ 101.92	\$ 93.11	\$ 110.04	\$ 86.64	\$ 93.55	\$ 94.93	\$ 103.66	\$ 89.08
	Employee + Family	\$ 155.41	\$ 141.46	\$ 168.32	\$ 131.27	\$ 142.24	\$ 144.48	\$ 158.21	\$ 135.21
Plan Option 2									
In - \$1,500 100/80/50 \$50w	Employee	\$ 54.79	\$ 49.77	\$ 58.98	\$ 45.84	\$ 51.06	\$ 52.53	\$ 57.14	\$ 47.94
Out - \$1,500 80/80/50 \$50w	Employee plus Spouse	\$ 110.82	\$ 100.65	\$ 119.37	\$ 92.76	\$ 103.28	\$ 106.24	\$ 115.56	\$ 97.00
Endo, Perio, Oral - Class II	Employee plus Child(ren)	\$ 102.37	\$ 93.12	\$ 110.04	\$ 85.90	\$ 95.36	\$ 97.99	\$ 106.64	\$ 89.63
	Employee + Family	\$ 161.80	\$ 147.08	\$ 174.01	\$ 135.65	\$ 150.71	\$ 154.88	\$ 168.58	\$ 141.65
Plan Option 2A									
With \$1,000 Adult/Child Ortho	Employee	\$ 55.14	\$ 50.10	\$ 59.31	\$ 46.19	\$ 51.40	\$ 52.86	\$ 57.47	\$ 48.27
	Employee plus Spouse	\$ 111.55	\$ 101.39	\$ 120.07	\$ 93.47	\$ 104.01	\$ 106.96	\$ 116.31	\$ 97.71
	Employee plus Child(ren)	\$ 112.54	\$ 103.46	\$ 119.92	\$ 96.24	\$ 105.69	\$ 108.28	\$ 116.91	\$ 99.95
	Employee + Family	\$ 173.15	\$ 158.63	\$ 185.06	\$ 147.22	\$ 162.24	\$ 166.42	\$ 180.08	\$ 153.19
Plan Option 2B									
With \$1,500 Adult/Child Ortho	Employee	\$ 55.28	\$ 50.24	\$ 59.47	\$ 46.31	\$ 51.54	\$ 52.98	\$ 57.61	\$ 48.40
	Employee plus Spouse	\$ 111.82	\$ 101.66	\$ 120.35	\$ 93.73	\$ 104.29	\$ 107.25	\$ 116.60	\$ 97.99
	Employee plus Child(ren)	\$ 116.34	\$ 107.32	\$ 123.61	\$ 100.11	\$ 109.52	\$ 112.12	\$ 120.75	\$ 103.82
	Employee + Family	\$ 177.41	\$ 162.96	\$ 189.20	\$ 151.56	\$ 166.54	\$ 170.73	\$ 184.41	\$ 157.52
Plan Option 3									
In - \$2,000 100/80/50 \$50w	Employee	\$ 57.18	\$ 51.43	\$ 61.66	\$ 47.41	\$ 53.11	\$ 54.82	\$ 59.33	\$ 49.77
Out - \$2,000 80/80/50 \$50w	Employee plus Spouse	\$ 115.67	\$ 104.06	\$ 124.75	\$ 95.94	\$ 107.44	\$ 110.91	\$ 120.07	\$ 100.70
Endo, Perio, Oral - Class II	Employee plus Child(ren)	\$ 105.74	\$ 95.24	\$ 113.84	\$ 87.93	\$ 98.16	\$ 101.21	\$ 109.62	\$ 92.06
	Employee + Family	\$ 167.59	\$ 150.87	\$ 180.50	\$ 139.23	\$ 155.61	\$ 160.48	\$ 173.79	\$ 145.92
Plan Option 3A									
With \$1,000 Adult/Child Ortho	Employee	\$ 57.52	\$ 51.78	\$ 62.01	\$ 47.77	\$ 53.45	\$ 55.17	\$ 59.71	\$ 50.12
	Employee plus Spouse	\$ 116.40	\$ 104.79	\$ 125.48	\$ 96.65	\$ 108.19	\$ 111.63	\$ 120.80	\$ 101.42
	Employee plus Child(ren)	\$ 115.87	\$ 105.46	\$ 123.65	\$ 98.17	\$ 108.35	\$ 111.41	\$ 119.79	\$ 102.28
	Employee + Family	\$ 178.96	\$ 162.36	\$ 191.55	\$ 150.72	\$ 167.06	\$ 171.93	\$ 185.22	\$ 157.38
Plan Option 3B									
With \$1,500 Adult/Child Ortho	Employee	\$ 57.65	\$ 51.91	\$ 62.13	\$ 47.89	\$ 53.58	\$ 55.30	\$ 59.82	\$ 50.25
	Employee plus Spouse	\$ 116.67	\$ 105.06	\$ 125.76	\$ 96.93	\$ 108.46	\$ 111.92	\$ 121.11	\$ 101.69
	Employee plus Child(ren)	\$ 119.67	\$ 109.29	\$ 127.33	\$ 102.00	\$ 112.16	\$ 115.22	\$ 123.61	\$ 106.11
	Employee + Family	\$ 183.24	\$ 166.66	\$ 195.69	\$ 155.01	\$ 171.38	\$ 176.22	\$ 189.51	\$ 161.69
Plan Option 4									
In - \$1,000 100/80/50 \$50w	Employee	\$ 45.02	\$ 41.15	\$ 47.88	\$ 37.92	\$ 40.07	\$ 40.02	\$ 45.20	\$ 38.40
Out - \$1,000 80/60/40 \$50w	Employee plus Spouse	\$ 91.01	\$ 83.15	\$ 96.82	\$ 76.65	\$ 81.00	\$ 80.87	\$ 91.39	\$ 77.61
Endo, Perio, Oral - Class II	Employee plus Child(ren)	\$ 86.23	\$ 78.82	\$ 91.65	\$ 72.74	\$ 76.75	\$ 76.58	\$ 86.53	\$ 73.55
	Employee + Family	\$ 135.31	\$ 123.65	\$ 143.86	\$ 114.09	\$ 120.41	\$ 120.16	\$ 135.78	\$ 115.42
Plan Option 4A									
With \$1,000 Adult/Child Ortho	Employee	\$ 45.35	\$ 41.47	\$ 48.22	\$ 38.24	\$ 40.39	\$ 40.35	\$ 45.52	\$ 38.70
	Employee plus Spouse	\$ 91.70	\$ 83.84	\$ 97.53	\$ 77.33	\$ 81.69	\$ 81.56	\$ 92.08	\$ 78.27
	Employee plus Child(ren)	\$ 96.68	\$ 89.33	\$ 102.11	\$ 83.27	\$ 87.25	\$ 87.07	\$ 97.00	\$ 84.04
	Employee + Family	\$ 146.96	\$ 135.29	\$ 155.46	\$ 125.76	\$ 132.05	\$ 131.80	\$ 147.39	\$ 127.07



California

7 to 24 Enrolled Employees
4-Tier Rates

Rates Effective 7/01/2011 - 12/31/2011

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900-904 945-948	905-930	931 940-941 943-944	932-933 935-937	934 939 954-961	942	949-951	952-953

		Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
Plan Option 5									
In - \$1,500 100/80/50 \$50w	Employee	\$ 46.52	\$ 43.02	\$ 48.41	\$ 39.59	\$ 40.64	\$ 39.82	\$ 46.07	\$ 39.41
Out - \$1,500 80/60/40 \$50w	Employee plus Spouse	\$ 94.06	\$ 86.97	\$ 97.95	\$ 80.06	\$ 82.17	\$ 80.50	\$ 93.16	\$ 79.67
Endo, Perio, Oral - Class II	Employee plus Child(ren)	\$ 86.78	\$ 80.24	\$ 90.32	\$ 73.86	\$ 75.78	\$ 74.26	\$ 85.92	\$ 73.50
	Employee + Family	\$ 137.18	\$ 126.82	\$ 142.79	\$ 116.78	\$ 119.80	\$ 117.38	\$ 135.83	\$ 116.15
Plan Option 5A									
With \$1,000 Adult/Child Ortho	Employee	\$ 46.85	\$ 43.35	\$ 48.75	\$ 39.93	\$ 40.97	\$ 40.13	\$ 46.41	\$ 39.71
	Employee plus Spouse	\$ 94.78	\$ 87.66	\$ 98.64	\$ 80.74	\$ 82.86	\$ 81.20	\$ 93.88	\$ 80.36
	Employee plus Child(ren)	\$ 97.07	\$ 90.55	\$ 100.59	\$ 84.20	\$ 86.10	\$ 84.57	\$ 96.22	\$ 83.81
	Employee + Family	\$ 148.70	\$ 138.35	\$ 154.28	\$ 128.31	\$ 131.34	\$ 128.91	\$ 147.33	\$ 127.70
Plan Option 5B									
With \$1,500 Adult/Child Ortho	Employee	\$ 46.98	\$ 43.46	\$ 48.90	\$ 40.04	\$ 41.08	\$ 40.26	\$ 46.55	\$ 39.85
	Employee plus Spouse	\$ 95.06	\$ 87.94	\$ 98.90	\$ 81.00	\$ 83.12	\$ 81.45	\$ 94.15	\$ 80.61
	Employee plus Child(ren)	\$ 100.91	\$ 94.41	\$ 104.41	\$ 88.04	\$ 89.96	\$ 88.45	\$ 100.06	\$ 87.67
	Employee + Family	\$ 153.00	\$ 142.66	\$ 158.58	\$ 132.64	\$ 135.64	\$ 133.22	\$ 151.64	\$ 132.02
Plan Option 6									
In - \$2,000 100/80/50 \$50w	Employee	\$ 48.89	\$ 44.47	\$ 52.44	\$ 41.01	\$ 43.89	\$ 44.14	\$ 49.35	\$ 41.84
Out - \$2,000 80/60/40 \$50w	Employee plus Spouse	\$ 98.83	\$ 89.90	\$ 106.08	\$ 82.95	\$ 88.72	\$ 89.25	\$ 99.81	\$ 84.59
Endo, Perio, Oral - Class II	Employee plus Child(ren)	\$ 91.95	\$ 83.68	\$ 98.64	\$ 77.26	\$ 82.53	\$ 82.98	\$ 92.81	\$ 78.72
	Employee + Family	\$ 145.00	\$ 131.93	\$ 155.60	\$ 121.78	\$ 130.13	\$ 130.89	\$ 146.37	\$ 124.12
Plan Option 6A									
With \$1,000 Adult/Child Ortho	Employee	\$ 49.23	\$ 44.80	\$ 52.78	\$ 41.35	\$ 44.21	\$ 44.48	\$ 49.71	\$ 42.16
	Employee plus Spouse	\$ 99.54	\$ 90.60	\$ 106.81	\$ 83.66	\$ 89.43	\$ 89.96	\$ 100.54	\$ 85.30
	Employee plus Child(ren)	\$ 102.27	\$ 94.01	\$ 108.92	\$ 87.61	\$ 92.88	\$ 93.32	\$ 103.13	\$ 89.06
	Employee + Family	\$ 156.52	\$ 143.47	\$ 167.10	\$ 133.33	\$ 141.66	\$ 142.41	\$ 157.91	\$ 135.68
Plan Option 6B									
With \$1,500 Adult/Child Ortho	Employee	\$ 49.35	\$ 44.93	\$ 52.92	\$ 41.48	\$ 44.33	\$ 44.61	\$ 49.82	\$ 42.30
	Employee plus Spouse	\$ 99.81	\$ 90.88	\$ 107.10	\$ 83.91	\$ 89.70	\$ 90.22	\$ 100.80	\$ 85.57
	Employee plus Child(ren)	\$ 106.13	\$ 97.89	\$ 112.80	\$ 91.48	\$ 96.75	\$ 97.19	\$ 106.98	\$ 92.94
	Employee + Family	\$ 160.84	\$ 147.78	\$ 171.42	\$ 137.66	\$ 145.99	\$ 146.74	\$ 162.22	\$ 140.01
Plan Option 7									
In - \$1,000 100/90/60 \$50w	Employee	\$ 49.54	\$ 44.79	\$ 53.90	\$ 41.28	\$ 44.96	\$ 45.71	\$ 50.46	\$ 42.60
Out - \$1,000 100/80/50 \$50w	Employee plus Spouse	\$ 100.19	\$ 90.56	\$ 108.98	\$ 83.50	\$ 90.93	\$ 92.43	\$ 102.02	\$ 86.13
Endo, Perio, Oral - Class II	Employee plus Child(ren)	\$ 95.02	\$ 85.81	\$ 103.48	\$ 79.05	\$ 86.28	\$ 87.75	\$ 96.82	\$ 81.63
	Employee + Family	\$ 149.07	\$ 134.64	\$ 162.28	\$ 124.09	\$ 135.34	\$ 137.60	\$ 151.88	\$ 128.09
Plan Option 7A									
With \$1,000 Adult/Child Ortho	Employee	\$ 49.86	\$ 45.13	\$ 54.25	\$ 41.60	\$ 45.29	\$ 46.05	\$ 50.82	\$ 42.93
	Employee plus Spouse	\$ 100.89	\$ 91.27	\$ 109.70	\$ 84.20	\$ 91.64	\$ 93.12	\$ 102.75	\$ 86.82
	Employee plus Child(ren)	\$ 105.42	\$ 96.23	\$ 113.87	\$ 89.50	\$ 96.73	\$ 98.18	\$ 107.24	\$ 92.09
	Employee + Family	\$ 160.64	\$ 146.23	\$ 173.83	\$ 135.69	\$ 146.96	\$ 149.20	\$ 163.45	\$ 139.69



California

7 to 24 Enrolled Employees
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		Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
Plan Option 8									
In - \$1,500 100/90/60 \$50w	Employee	\$ 59.08	\$ 53.11	\$ 65.01	\$ 48.99	\$ 54.20	\$ 55.59	\$ 60.62	\$ 51.04
Out - \$1,500 100/80/50 \$50w	Employee plus Spouse	\$ 119.55	\$ 107.40	\$ 131.51	\$ 99.14	\$ 109.65	\$ 112.42	\$ 122.63	\$ 103.21
Endo, Perio, Oral - Class II	Employee plus Child(ren)	\$ 110.72	\$ 99.36	\$ 122.03	\$ 91.61	\$ 101.61	\$ 104.34	\$ 113.73	\$ 95.56
	Employee + Family	\$ 174.85	\$ 156.97	\$ 192.60	\$ 144.75	\$ 160.42	\$ 164.62	\$ 179.52	\$ 150.87
Plan Option 8A									
With \$1,000 Adult/Child Ortho	Employee	\$ 59.44	\$ 53.43	\$ 65.35	\$ 49.32	\$ 54.54	\$ 55.93	\$ 60.96	\$ 51.38
	Employee plus Spouse	\$ 120.30	\$ 108.12	\$ 132.28	\$ 99.87	\$ 110.39	\$ 113.16	\$ 123.38	\$ 103.92
	Employee plus Child(ren)	\$ 121.00	\$ 109.68	\$ 132.31	\$ 101.92	\$ 111.92	\$ 114.66	\$ 124.04	\$ 105.88
	Employee + Family	\$ 186.37	\$ 168.49	\$ 204.13	\$ 156.32	\$ 171.97	\$ 176.17	\$ 191.07	\$ 162.44
Plan Option 8B									
With \$1,500 Adult/Child Ortho	Employee	\$ 59.56	\$ 53.58	\$ 65.49	\$ 49.47	\$ 54.68	\$ 56.07	\$ 61.10	\$ 51.50
	Employee plus Spouse	\$ 120.59	\$ 108.39	\$ 132.55	\$ 100.12	\$ 110.66	\$ 113.45	\$ 123.67	\$ 104.21
	Employee plus Child(ren)	\$ 124.86	\$ 113.54	\$ 136.16	\$ 105.77	\$ 115.77	\$ 118.52	\$ 127.88	\$ 109.73
	Employee + Family	\$ 190.70	\$ 172.82	\$ 208.43	\$ 160.63	\$ 176.28	\$ 180.49	\$ 195.40	\$ 166.75
Plan Option 9									
In - \$2,000 100/90/60 \$50w	Employee	\$ 62.15	\$ 55.72	\$ 68.67	\$ 51.44	\$ 57.27	\$ 58.95	\$ 63.96	\$ 53.79
Out - \$2,000 100/80/50 \$50w	Employee plus Spouse	\$ 125.76	\$ 112.70	\$ 138.95	\$ 104.13	\$ 115.87	\$ 119.24	\$ 129.36	\$ 108.84
Endo, Perio, Oral - Class II	Employee plus Child(ren)	\$ 114.94	\$ 102.92	\$ 127.28	\$ 94.92	\$ 105.97	\$ 109.25	\$ 118.46	\$ 99.40
	Employee + Family	\$ 182.18	\$ 163.14	\$ 201.62	\$ 150.56	\$ 167.92	\$ 173.06	\$ 187.65	\$ 157.59
Plan Option 9A									
With \$1,000 Adult/Child Ortho	Employee	\$ 62.50	\$ 56.06	\$ 69.04	\$ 51.79	\$ 57.62	\$ 59.31	\$ 64.33	\$ 54.15
	Employee plus Spouse	\$ 126.51	\$ 113.47	\$ 139.73	\$ 104.87	\$ 116.61	\$ 119.99	\$ 130.12	\$ 109.56
	Employee plus Child(ren)	\$ 125.12	\$ 113.08	\$ 137.46	\$ 105.13	\$ 116.16	\$ 119.44	\$ 128.65	\$ 109.61
	Employee + Family	\$ 193.59	\$ 174.60	\$ 213.05	\$ 162.01	\$ 179.36	\$ 184.50	\$ 199.10	\$ 169.05
Plan Option 9B									
With \$1,500 Adult/Child Ortho	Employee	\$ 62.66	\$ 56.20	\$ 69.18	\$ 51.92	\$ 57.77	\$ 59.46	\$ 64.47	\$ 54.28
	Employee plus Spouse	\$ 126.80	\$ 113.73	\$ 140.01	\$ 105.14	\$ 116.90	\$ 120.28	\$ 130.40	\$ 109.85
	Employee plus Child(ren)	\$ 128.93	\$ 116.91	\$ 141.26	\$ 108.91	\$ 119.98	\$ 123.25	\$ 132.45	\$ 113.42
	Employee + Family	\$ 197.90	\$ 178.89	\$ 217.33	\$ 166.31	\$ 183.65	\$ 188.80	\$ 203.37	\$ 173.35
Plan Option 10									
In - \$1,000 100/80/50 \$50w	Employee	\$ 49.57	\$ 44.62	\$ 54.48	\$ 41.03	\$ 45.33	\$ 46.41	\$ 50.84	\$ 42.70
Out - \$1,000 100/80/50 \$50w	Employee plus Spouse	\$ 100.21	\$ 90.14	\$ 110.12	\$ 82.95	\$ 91.64	\$ 93.76	\$ 102.71	\$ 86.31
Endo, Perio, Oral - Class II	Employee plus Child(ren)	\$ 95.67	\$ 86.04	\$ 105.19	\$ 79.17	\$ 87.49	\$ 89.57	\$ 98.09	\$ 82.42
	Employee + Family	\$ 149.81	\$ 134.72	\$ 164.65	\$ 124.01	\$ 137.00	\$ 140.20	\$ 153.59	\$ 129.03
Plan Option 10A									
With \$1,000 Adult/Child Ortho	Employee	\$ 49.91	\$ 44.95	\$ 54.82	\$ 41.37	\$ 45.67	\$ 46.74	\$ 51.17	\$ 43.04
	Employee plus Spouse	\$ 100.91	\$ 90.85	\$ 110.85	\$ 83.63	\$ 92.34	\$ 94.48	\$ 103.42	\$ 87.01
	Employee plus Child(ren)	\$ 106.17	\$ 96.58	\$ 115.67	\$ 89.71	\$ 98.02	\$ 100.08	\$ 108.58	\$ 92.94
	Employee + Family	\$ 161.45	\$ 146.37	\$ 176.29	\$ 135.65	\$ 148.66	\$ 151.84	\$ 165.18	\$ 140.70
Plan Option 11									
In - \$1,500 100/80/50 \$50w	Employee	\$ 57.84	\$ 51.69	\$ 63.06	\$ 47.59	\$ 53.55	\$ 55.37	\$ 59.81	\$ 50.10
Out - \$1,500 100/80/50 \$50w	Employee plus Spouse	\$ 116.94	\$ 104.45	\$ 127.55	\$ 96.23	\$ 108.28	\$ 111.96	\$ 120.93	\$ 101.29
Endo, Perio, Oral - Class II	Employee plus Child(ren)	\$ 109.45	\$ 97.76	\$ 119.39	\$ 90.04	\$ 101.33	\$ 104.84	\$ 113.18	\$ 94.77
	Employee + Family	\$ 172.30	\$ 153.89	\$ 187.96	\$ 141.80	\$ 159.50	\$ 165.01	\$ 178.18	\$ 149.22
Plan Option 11A									
With \$1,000 Adult/Child Ortho	Employee	\$ 58.18	\$ 52.04	\$ 63.43	\$ 47.91	\$ 53.91	\$ 55.73	\$ 60.16	\$ 50.44
Rates for sold plans will be guaranteed	Employee plus Spouse	\$ 117.68	\$ 105.19	\$ 128.28	\$ 96.96	\$ 108.99	\$ 112.68	\$ 121.67	\$ 102.00
	Employee plus Child(ren)	\$ 119.80	\$ 108.11	\$ 129.50	\$ 100.43	\$ 111.69	\$ 115.20	\$ 123.53	\$ 105.15
	Employee + Family	\$ 183.85	\$ 165.46	\$ 199.27	\$ 153.38	\$ 171.08	\$ 176.56	\$ 189.72	\$ 160.80
Plan Option 11B									
With \$1,500 Adult/Child Ortho	Employee	\$ 58.31	\$ 52.14	\$ 63.54	\$ 48.06	\$ 54.02	\$ 55.86	\$ 60.31	\$ 50.58
	Employee plus Spouse	\$ 117.96	\$ 105.46	\$ 128.58	\$ 97.23	\$ 109.26	\$ 112.97	\$ 121.96	\$ 102.28
	Employee plus Child(ren)	\$ 123.70	\$ 112.02	\$ 133.30	\$ 104.32	\$ 115.57	\$ 119.08	\$ 127.41	\$ 109.05
	Employee + Family	\$ 188.21	\$ 169.80	\$ 203.49	\$ 157.72	\$ 175.41	\$ 180.87	\$ 194.07	\$ 165.14



California

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		Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
In - \$2,000 100/80/50 \$50w	Employee	\$ 60.58	\$ 53.97	\$ 65.92	\$ 49.75	\$ 56.44	\$ 58.67	\$ 62.93	
Out - \$2,000 100/80/50 \$50w	Employee plus Spouse	\$ 122.53	\$ 109.10	\$ 133.33	\$ 100.59	\$ 114.15	\$ 118.60	\$ 127.23	\$ 106.43
Endo, Perio, Oral - Class II	Employee plus Child(ren)	\$ 113.51	\$ 101.08	\$ 123.55	\$ 93.15	\$ 105.73	\$ 109.94	\$ 117.90	\$ 98.60
	Employee + Family	\$ 179.22	\$ 159.56	\$ 195.06	\$ 147.09	\$ 166.91	\$ 173.54	\$ 186.11	\$ 155.68
Plan Option 12A	Employee	\$ 60.93	\$ 54.31	\$ 66.27	\$ 50.08	\$ 56.80	\$ 59.02	\$ 63.28	\$ 52.98
With \$1,000 Adult/Child Ortho	Employee plus Spouse	\$ 123.26	\$ 109.85	\$ 134.07	\$ 101.30	\$ 114.90	\$ 119.33	\$ 127.98	\$ 107.18
	Employee plus Child(ren)	\$ 123.76	\$ 111.34	\$ 133.49	\$ 103.43	\$ 115.99	\$ 120.19	\$ 128.16	\$ 108.87
	Employee + Family	\$ 190.70	\$ 171.05	\$ 206.19	\$ 158.58	\$ 178.39	\$ 185.01	\$ 197.58	\$ 167.18
Plan Option 12B	Employee	\$ 61.06	\$ 54.45	\$ 66.41	\$ 50.20	\$ 56.94	\$ 59.18	\$ 63.41	\$ 53.12
With \$1,500 Adult/Child Ortho	Employee plus Spouse	\$ 123.55	\$ 110.11	\$ 134.36	\$ 101.58	\$ 115.17	\$ 119.63	\$ 128.26	\$ 107.45
	Employee plus Child(ren)	\$ 127.62	\$ 115.19	\$ 137.22	\$ 107.29	\$ 119.83	\$ 124.04	\$ 131.99	\$ 112.69
	Employee + Family	\$ 195.00	\$ 175.35	\$ 210.37	\$ 162.90	\$ 182.71	\$ 189.32	\$ 201.88	\$ 171.49

UNDERWRITING GUIDELINES

SINGLE OPTION (STAND ALONE) PPO:

Minimum of 7 enrolled lives.

Above rates reduced by 3% if plans are sold as stand alone.

DUAL OPTION PPO/PPO (Under 25 enrolled):

Not available.

DUAL OPTION DHMO/PPO (7 to 24 enrolled):

Minimum combined participation is 7 enrolled lives.

DHMO: Minimum of 2 enrolled lives.

PPO: Minimum of 5 enrolled lives.

RATE GUARANTEE

Rates for sold plans will be guaranteed for a period of twelve (12) months.

OUT OF STATE COVERAGE

Dental plan rates are applicable to groups situated in California with a maximum of 10% of employees outside of California. Please contact your local Sales Office for additional rates and plans when more than 10% of employees do not reside in California.

SOLD GROUPS ARE SUBJECT TO UNDERWRITING APPROVAL

1. All rates provided are at the 80th UCR. For 90th UCR, add a 1.02 factor to the rates provided.
For any other UCR options, please contact your local sales office for factor (based on three digit zip code)
2. One time open enrollment at issue is included. Annual open enrollment available for a 1.02 load added to the rates provided.
3. Dependent Age Limitation is 19/23. To change Dependent Age Limitation to 26/26, add a 1.01 factor to the rates provided.
4. Standard commissions are included.



California

25 to 50 Enrolled Employees
3-Tier Rates

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		Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
Plan Option 1									
In - \$1,000 100/80/50 \$50w	Employee	\$ 45.46	\$ 41.74	\$ 48.98	\$ 38.40	\$ 42.04	\$ 42.82	\$ 47.23	\$ 39.74
Out - \$1,000 80/80/50 \$50w	Employee + 1 (Spouse or Child)	\$ 88.44	\$ 81.24	\$ 95.28	\$ 74.78	\$ 81.82	\$ 83.26	\$ 91.89	\$ 77.33
Endo, Perio, Oral - Class II	Employee + Family	\$ 131.92	\$ 121.26	\$ 141.94	\$ 111.74	\$ 122.00	\$ 124.02	\$ 136.94	\$ 115.39
Plan Option 1A									
With \$1,000 Adult/Child Ortho	Employee	\$ 45.79	\$ 42.08	\$ 49.30	\$ 38.71	\$ 42.37	\$ 43.15	\$ 47.57	\$ 40.05
	Employee + 1 (Spouse or Child)	\$ 89.07	\$ 81.87	\$ 95.93	\$ 75.40	\$ 82.45	\$ 83.91	\$ 92.54	\$ 77.96
	Employee + Family	\$ 144.62	\$ 134.24	\$ 154.44	\$ 124.73	\$ 134.95	\$ 136.95	\$ 149.84	\$ 128.35
Plan Option 2									
In - \$1,500 100/80/50 \$50w	Employee	\$ 49.26	\$ 47.94	\$ 53.20	\$ 41.94	\$ 46.18	\$ 50.60	\$ 55.04	\$ 45.09
Out - \$1,500 80/80/50 \$50w	Employee + 1 (Spouse or Child)	\$ 95.68	\$ 93.11	\$ 103.31	\$ 81.50	\$ 89.70	\$ 98.20	\$ 106.88	\$ 87.56
Endo, Perio, Oral - Class II	Employee + Family	\$ 140.92	\$ 137.19	\$ 151.93	\$ 120.19	\$ 132.02	\$ 144.46	\$ 157.27	\$ 128.95
Plan Option 2A									
With \$1,000 Adult/Child Ortho	Employee	\$ 49.59	\$ 48.31	\$ 53.51	\$ 42.26	\$ 46.49	\$ 50.94	\$ 55.39	\$ 45.42
	Employee + 1 (Spouse or Child)	\$ 96.31	\$ 93.76	\$ 103.93	\$ 82.11	\$ 90.34	\$ 98.88	\$ 107.57	\$ 88.18
	Employee + Family	\$ 152.73	\$ 150.05	\$ 163.45	\$ 132.42	\$ 144.10	\$ 157.32	\$ 170.09	\$ 141.52
Plan Option 2B									
With \$1,500 Adult/Child Ortho	Employee	\$ 49.71	\$ 48.42	\$ 53.64	\$ 42.38	\$ 46.61	\$ 51.08	\$ 55.53	\$ 45.54
	Employee + 1 (Spouse or Child)	\$ 96.57	\$ 94.03	\$ 104.18	\$ 82.36	\$ 90.57	\$ 99.15	\$ 107.83	\$ 88.44
	Employee + Family	\$ 157.16	\$ 154.85	\$ 167.76	\$ 137.00	\$ 148.60	\$ 162.10	\$ 174.90	\$ 146.21
Plan Option 3									
In - \$2,000 100/80/50 \$50w	Employee	\$ 51.49	\$ 49.55	\$ 55.69	\$ 43.43	\$ 47.90	\$ 52.82	\$ 57.18	\$ 46.68
Out - \$2,000 80/80/50 \$50w	Employee + 1 (Spouse or Child)	\$ 99.89	\$ 96.13	\$ 108.00	\$ 84.28	\$ 92.92	\$ 102.42	\$ 110.89	\$ 90.60
Endo, Perio, Oral - Class II	Employee + Family	\$ 146.04	\$ 140.65	\$ 157.72	\$ 123.44	\$ 135.82	\$ 149.58	\$ 162.00	\$ 132.50
Plan Option 3A									
With \$1,000 Adult/Child Ortho	Employee	\$ 51.83	\$ 49.89	\$ 56.03	\$ 43.75	\$ 48.23	\$ 53.16	\$ 57.53	\$ 47.03
	Employee + 1 (Spouse or Child)	\$ 101.87	\$ 98.24	\$ 109.94	\$ 86.29	\$ 94.91	\$ 104.53	\$ 113.02	\$ 92.65
	Employee + Family	\$ 157.43	\$ 152.97	\$ 168.84	\$ 135.15	\$ 147.34	\$ 161.88	\$ 174.28	\$ 144.51
Plan Option 3B									
With \$1,500 Adult/Child Ortho	Employee	\$ 51.93	\$ 50.03	\$ 56.15	\$ 43.89	\$ 48.37	\$ 53.30	\$ 57.66	\$ 47.14
	Employee + 1 (Spouse or Child)	\$ 102.60	\$ 99.05	\$ 110.66	\$ 87.05	\$ 95.66	\$ 105.35	\$ 113.83	\$ 93.45
	Employee + Family	\$ 161.73	\$ 157.58	\$ 172.99	\$ 139.56	\$ 151.65	\$ 166.47	\$ 178.88	\$ 149.02
Plan Option 4									
In - \$1,000 100/80/50 \$50w	Employee	\$ 41.97	\$ 39.60	\$ 44.47	\$ 36.42	\$ 38.58	\$ 38.54	\$ 43.54	\$ 36.95
Out - \$1,000 80/60/40 \$50w	Employee + 1 (Spouse or Child)	\$ 81.69	\$ 77.10	\$ 86.54	\$ 70.96	\$ 75.10	\$ 74.96	\$ 84.75	\$ 71.97
Endo, Perio, Oral - Class II	Employee + Family	\$ 122.33	\$ 115.50	\$ 129.50	\$ 106.33	\$ 112.44	\$ 112.16	\$ 126.85	\$ 107.79
Plan Option 4A									
With \$1,000 Adult/Child Ortho	Employee	\$ 42.28	\$ 39.94	\$ 44.79	\$ 36.76	\$ 38.90	\$ 38.85	\$ 43.85	\$ 37.28
	Employee + 1 (Spouse or Child)	\$ 82.31	\$ 77.74	\$ 87.16	\$ 71.57	\$ 75.73	\$ 75.58	\$ 85.40	\$ 72.61
	Employee + Family	\$ 134.90	\$ 128.51	\$ 141.99	\$ 119.37	\$ 125.46	\$ 125.18	\$ 139.84	\$ 120.81
Plan Option 5									
In - \$1,500 100/80/50 \$50w	Employee	\$ 44.80	\$ 41.42	\$ 46.65	\$ 38.09	\$ 39.11	\$ 38.32	\$ 44.35	\$ 37.91
Out - \$1,500 80/60/40 \$50w	Employee + 1 (Spouse or Child)	\$ 86.98	\$ 80.39	\$ 90.54	\$ 73.98	\$ 75.93	\$ 74.35	\$ 86.12	\$ 73.61
Endo, Perio, Oral - Class II	Employee + Family	\$ 127.91	\$ 118.22	\$ 133.16	\$ 108.85	\$ 111.65	\$ 109.35	\$ 126.66	\$ 108.28
Plan Option 5A									
With \$1,000 Adult/Child Ortho	Employee	\$ 45.15	\$ 41.75	\$ 47.00	\$ 38.43	\$ 39.44	\$ 38.65	\$ 44.68	\$ 38.25
	Employee + 1 (Spouse or Child)	\$ 89.07	\$ 82.47	\$ 92.65	\$ 76.07	\$ 78.01	\$ 76.44	\$ 88.21	\$ 75.70
	Employee + Family	\$ 140.28	\$ 130.61	\$ 145.50	\$ 121.26	\$ 124.06	\$ 121.73	\$ 139.02	\$ 120.66
Plan Option 5B									
With \$1,500 Adult/Child Ortho	Employee	\$ 45.28	\$ 41.87	\$ 47.11	\$ 38.56	\$ 39.58	\$ 38.79	\$ 44.82	\$ 38.38
	Employee + 1 (Spouse or Child)	\$ 89.88	\$ 83.27	\$ 93.45	\$ 76.85	\$ 78.81	\$ 77.23	\$ 89.02	\$ 76.48
	Employee + Family	\$ 144.92	\$ 135.24	\$ 150.13	\$ 125.90	\$ 128.71	\$ 126.36	\$ 143.63	\$ 125.31
Plan Option 6									
In - \$2,000 100/80/50 \$50w	Employee	\$ 45.18	\$ 42.83	\$ 47.90	\$ 39.40	\$ 42.23	\$ 42.52	\$ 47.55	\$ 40.27
Out - \$2,000 80/60/40 \$50w	Employee + 1 (Spouse or Child)	\$ 87.83	\$ 83.20	\$ 93.12	\$ 76.56	\$ 82.05	\$ 82.55	\$ 92.37	\$ 78.29
Endo, Perio, Oral - Class II	Employee + Family	\$ 129.90	\$ 123.11	\$ 137.73	\$ 113.34	\$ 121.34	\$ 122.08	\$ 136.62	\$ 115.81
Plan Option 6A									
With \$1,000 Adult/Child Ortho	Employee	\$ 45.51	\$ 43.16	\$ 48.24	\$ 39.70	\$ 42.57	\$ 42.83	\$ 47.88	\$ 40.64
	Employee + 1 (Spouse or Child)	\$ 89.84	\$ 85.32	\$ 95.11	\$ 78.65	\$ 84.15	\$ 84.65	\$ 94.50	\$ 80.39
	Employee + Family	\$ 141.82	\$ 135.50	\$ 149.43	\$ 125.73	\$ 133.76	\$ 134.48	\$ 149.01	\$ 128.23
Plan Option 6B									
With \$1,500 Adult/Child Ortho	Employee	\$ 45.66	\$ 43.28	\$ 48.38	\$ 39.84	\$ 42.68	\$ 42.96	\$ 48.04	\$ 40.73
	Employee + 1 (Spouse or Child)	\$ 90.60	\$ 86.10	\$ 95.87	\$ 79.41	\$ 84.94	\$ 85.43	\$ 95.27	\$ 81.18
	Employee + Family	\$ 146.27	\$ 140.16	\$ 153.85	\$ 130.37	\$ 138.40	\$ 139.11	\$ 153.63	\$ 132.90



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Plan Option 7									
In - \$1,000 100/90/60 \$50w	Employee	\$ 47.77	\$ 43.15	\$ 51.96	\$ 39.77	\$ 43.33	\$ 44.06	\$ 48.65	\$ 41.02
Out - \$1,000 100/80/50 \$50w	Employee + 1 (Spouse or Child)	\$ 92.98	\$ 83.99	\$ 101.16	\$ 77.42	\$ 84.39	\$ 85.74	\$ 94.70	\$ 79.89
Endo, Perio, Oral - Class II	Employee + Family	\$ 139.32	\$ 125.78	\$ 151.70	\$ 115.93	\$ 126.44	\$ 128.57	\$ 141.95	\$ 119.68
Plan Option 7A									
With \$1,000 Adult/Child Ortho	Employee	\$ 48.11	\$ 43.48	\$ 52.32	\$ 40.10	\$ 43.68	\$ 44.40	\$ 48.99	\$ 41.37
	Employee + 1 (Spouse or Child)	\$ 95.07	\$ 86.09	\$ 103.27	\$ 79.51	\$ 86.46	\$ 87.83	\$ 96.77	\$ 81.98
	Employee + Family	\$ 151.79	\$ 138.26	\$ 164.18	\$ 128.40	\$ 138.92	\$ 141.03	\$ 154.42	\$ 132.17
Plan Option 8									
In - \$1,500 100/90/60 \$50w	Employee	\$ 55.16	\$ 51.15	\$ 59.38	\$ 47.12	\$ 51.63	\$ 53.58	\$ 58.44	\$ 49.16
Out - \$1,500 100/80/50 \$50w	Employee + 1 (Spouse or Child)	\$ 107.18	\$ 99.35	\$ 115.39	\$ 91.55	\$ 100.30	\$ 104.04	\$ 113.50	\$ 95.47
Endo, Perio, Oral - Class II	Employee + Family	\$ 158.09	\$ 146.44	\$ 170.37	\$ 134.83	\$ 147.97	\$ 153.64	\$ 167.59	\$ 140.78
Plan Option 8A									
With \$1,000 Adult/Child Ortho	Employee	\$ 55.51	\$ 51.49	\$ 59.74	\$ 47.45	\$ 51.97	\$ 53.93	\$ 58.80	\$ 49.50
	Employee + 1 (Spouse or Child)	\$ 107.83	\$ 100.04	\$ 116.04	\$ 92.20	\$ 100.95	\$ 104.71	\$ 114.19	\$ 96.15
	Employee + Family	\$ 170.51	\$ 159.27	\$ 182.52	\$ 147.68	\$ 160.68	\$ 166.49	\$ 180.43	\$ 153.63
Plan Option 8B									
With \$1,500 Adult/Child Ortho	Employee	\$ 55.64	\$ 51.63	\$ 59.86	\$ 47.59	\$ 52.11	\$ 54.06	\$ 58.94	\$ 49.63
	Employee + 1 (Spouse or Child)	\$ 108.09	\$ 100.29	\$ 116.28	\$ 92.47	\$ 101.22	\$ 104.96	\$ 114.45	\$ 96.39
	Employee + Family	\$ 175.15	\$ 164.07	\$ 187.07	\$ 152.48	\$ 165.43	\$ 171.31	\$ 185.22	\$ 158.45
Plan Option 9									
In - \$2,000 100/90/60 \$50w	Employee	\$ 57.99	\$ 53.69	\$ 62.45	\$ 49.15	\$ 53.82	\$ 56.83	\$ 61.64	\$ 51.83
Out - \$2,000 100/80/50 \$50w	Employee + 1 (Spouse or Child)	\$ 112.50	\$ 104.11	\$ 121.15	\$ 95.34	\$ 104.41	\$ 110.22	\$ 119.57	\$ 100.52
Endo, Perio, Oral - Class II	Employee + Family	\$ 164.48	\$ 152.08	\$ 177.37	\$ 139.13	\$ 152.72	\$ 161.36	\$ 175.03	\$ 146.87
Plan Option 9A									
With \$1,000 Adult/Child Ortho	Employee	\$ 58.34	\$ 54.02	\$ 62.79	\$ 49.50	\$ 54.18	\$ 57.19	\$ 62.01	\$ 52.18
	Employee + 1 (Spouse or Child)	\$ 114.57	\$ 106.24	\$ 123.17	\$ 97.46	\$ 106.50	\$ 112.34	\$ 121.71	\$ 102.64
	Employee + Family	\$ 176.34	\$ 164.34	\$ 188.94	\$ 151.34	\$ 164.73	\$ 173.64	\$ 187.31	\$ 159.20
Plan Option 9B									
With \$1,500 Adult/Child Ortho	Employee	\$ 58.46	\$ 54.17	\$ 62.94	\$ 49.63	\$ 54.30	\$ 57.31	\$ 62.15	\$ 52.31
	Employee + 1 (Spouse or Child)	\$ 115.36	\$ 107.04	\$ 123.92	\$ 98.24	\$ 107.27	\$ 113.14	\$ 122.52	\$ 103.43
	Employee + Family	\$ 180.80	\$ 168.94	\$ 193.26	\$ 155.92	\$ 169.20	\$ 178.26	\$ 191.90	\$ 163.79
Plan Option 10									
In - \$1,000 100/80/50 \$50w	Employee	\$ 47.79	\$ 42.97	\$ 52.38	\$ 39.50	\$ 43.69	\$ 44.72	\$ 48.99	\$ 41.15
Out - \$1,000 100/80/50 \$50w	Employee + 1 (Spouse or Child)	\$ 93.08	\$ 83.69	\$ 102.03	\$ 77.00	\$ 85.10	\$ 87.07	\$ 95.40	\$ 80.16
Endo, Perio, Oral - Class II	Employee + Family	\$ 140.10	\$ 125.92	\$ 153.61	\$ 115.89	\$ 128.08	\$ 131.06	\$ 143.60	\$ 120.63
Plan Option 10A									
With \$1,000 Adult/Child Ortho	Employee	\$ 48.13	\$ 43.30	\$ 52.73	\$ 39.84	\$ 44.02	\$ 45.07	\$ 49.32	\$ 41.48
	Employee + 1 (Spouse or Child)	\$ 93.73	\$ 84.32	\$ 102.71	\$ 77.64	\$ 85.76	\$ 87.74	\$ 96.08	\$ 80.78
	Employee + Family	\$ 153.09	\$ 138.94	\$ 166.54	\$ 128.92	\$ 141.08	\$ 144.07	\$ 156.57	\$ 133.65
Plan Option 11									
In - \$1,500 100/80/50 \$50w	Employee	\$ 53.69	\$ 49.80	\$ 57.02	\$ 44.66	\$ 49.51	\$ 53.40	\$ 57.66	\$ 48.26
Out - \$1,500 100/80/50 \$50w	Employee + 1 (Spouse or Child)	\$ 104.35	\$ 96.77	\$ 110.89	\$ 86.84	\$ 96.20	\$ 103.74	\$ 112.05	\$ 93.84
Endo, Perio, Oral - Class II	Employee + Family	\$ 154.98	\$ 143.68	\$ 164.69	\$ 128.96	\$ 142.86	\$ 154.09	\$ 166.46	\$ 139.36
Plan Option 11A									
With \$1,000 Adult/Child Ortho	Employee	\$ 54.02	\$ 50.15	\$ 57.36	\$ 45.00	\$ 49.83	\$ 53.75	\$ 58.02	\$ 48.61
	Employee + 1 (Spouse or Child)	\$ 105.01	\$ 97.46	\$ 111.52	\$ 87.49	\$ 96.85	\$ 104.40	\$ 112.74	\$ 94.51
	Employee + Family	\$ 167.39	\$ 156.60	\$ 176.51	\$ 141.55	\$ 155.24	\$ 166.99	\$ 179.32	\$ 152.25
Plan Option 11B									
With \$1,500 Adult/Child Ortho	Employee	\$ 54.16	\$ 50.29	\$ 57.48	\$ 45.14	\$ 49.97	\$ 53.87	\$ 58.14	\$ 48.73
	Employee + 1 (Spouse or Child)	\$ 105.24	\$ 97.70	\$ 111.77	\$ 87.75	\$ 97.10	\$ 104.67	\$ 113.01	\$ 94.76
	Employee + Family	\$ 172.02	\$ 161.41	\$ 180.92	\$ 146.27	\$ 159.86	\$ 171.79	\$ 184.13	\$ 157.10



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Plan Option 12									
In - \$2,000 100/80/50 \$50w	Employee	\$ 56.15	\$ 52.02	\$ 59.73	\$ 46.27	\$ 51.33	\$ 56.55	\$ 60.65	\$ 50.20
Out - \$2,000 100/80/50 \$50w	Employee + 1 (Spouse or Child)	\$ 109.02	\$ 100.94	\$ 115.94	\$ 89.89	\$ 99.67	\$ 109.77	\$ 117.78	\$ 97.50
Endo, Perio, Oral - Class II	Employee + Family	\$ 160.79	\$ 148.87	\$ 171.04	\$ 132.56	\$ 147.01	\$ 161.97	\$ 173.76	\$ 143.84
Plan Option 12A									
With \$1,000 Adult/Child Ortho	Employee	\$ 56.49	\$ 52.36	\$ 60.06	\$ 46.60	\$ 51.67	\$ 56.91	\$ 61.03	\$ 50.57
	Employee + 1 (Spouse or Child)	\$ 111.06	\$ 103.07	\$ 117.87	\$ 91.93	\$ 101.67	\$ 111.91	\$ 119.91	\$ 99.60
	Employee + Family	\$ 172.62	\$ 161.21	\$ 182.26	\$ 144.49	\$ 158.65	\$ 174.29	\$ 186.07	\$ 156.04
Plan Option 12B									
With \$1,500 Adult/Child Ortho	Employee	\$ 56.63	\$ 52.47	\$ 60.18	\$ 46.73	\$ 51.78	\$ 57.04	\$ 61.16	\$ 50.69
	Employee + 1 (Spouse or Child)	\$ 111.83	\$ 103.87	\$ 118.59	\$ 92.68	\$ 102.42	\$ 112.69	\$ 120.71	\$ 100.37
	Employee + Family	\$ 177.07	\$ 165.86	\$ 186.49	\$ 148.99	\$ 163.03	\$ 178.92	\$ 190.70	\$ 160.63

UNDERWRITING GUIDELINES

SINGLE OPTION (STAND ALONE) PPO:

Minimum of 7 enrolled lives.

Above rates reduced by 3% if plans are sold as stand alone.

DUAL OPTION PPO/PPO (25 to 50 enrolled):

Employer Contribution at least 50% : Minimum of 25 enrolled lives AND minimum combined participation of 75% , with at least 10% in the High plan.

Employer Contribution less than 50% : Not available.

DUAL OPTION DHMO/PPO (25 to 50 enrolled):

Minimum combined participation is 7 enrolled lives.

DHMO: Minimum of 2 enrolled lives.

PPO: Minimum of 5 enrolled lives.

Rates for sold plans will be guaranteed for a period of twelve (12) months.

Rates for sold plans will be guaranteed for a period of twelve (12) months.

OUT OF STATE COVERAGE

Dental plan rates are applicable to groups situated in California with a maximum of 10% of employees outside of California. Please contact your local Sales Office for additional rates and plans when more than 10% of employees do not reside in California.

SOLD GROUPS ARE SUBJECT TO UNDERWRITING APPROVAL

- All rates provided are at the 80th UCR. For 90th UCR, add a 1.02 factor to the rates provided.
For any other UCR options, please contact your local sales office for factor (based on three digit zip code)
- One time open enrollment at issue is included. Annual open enrollment available for a 1.02 load added to the rates provided.
- Dependent Age Limitation is 19/23. To change Dependent Age Limitation to 26/26, add a 1.01 factor to the rates provided.
- Standard commissions are included.



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Plan Option 1									
In - \$1,000 100/80/50 \$50w	Employee	\$ 45.46	\$ 41.74	\$ 48.98	\$ 38.40	\$ 42.04	\$ 42.82	\$ 47.23	\$ 39.74
Out - \$1,000 80/80/50 \$50w	Employee plus Spouse	\$ 91.92	\$ 84.39	\$ 99.07	\$ 77.66	\$ 85.03	\$ 86.57	\$ 95.53	\$ 80.36
Endo, Perio, Oral - Class II	Employee plus Child(ren)	\$ 86.57	\$ 79.60	\$ 93.12	\$ 73.32	\$ 80.02	\$ 81.39	\$ 89.84	\$ 75.71
	Employee + Family	\$ 136.07	\$ 125.06	\$ 146.44	\$ 115.19	\$ 125.82	\$ 127.97	\$ 141.27	\$ 118.98
Plan Option 1A									
With \$1,000 Adult/Child Ortho	Employee	\$ 45.79	\$ 42.08	\$ 49.30	\$ 38.71	\$ 42.37	\$ 43.15	\$ 47.57	\$ 40.05
	Employee plus Spouse	\$ 92.62	\$ 85.09	\$ 99.77	\$ 78.34	\$ 85.74	\$ 87.29	\$ 96.25	\$ 81.05
	Employee plus Child(ren)	\$ 96.85	\$ 90.08	\$ 103.22	\$ 83.84	\$ 90.52	\$ 91.84	\$ 100.27	\$ 86.22
	Employee + Family	\$ 147.50	\$ 136.72	\$ 157.69	\$ 126.86	\$ 137.48	\$ 139.62	\$ 152.90	\$ 130.65
Plan Option 2									
In - \$1,500 100/80/50 \$50w	Employee	\$ 49.26	\$ 47.94	\$ 53.20	\$ 41.94	\$ 46.18	\$ 50.60	\$ 55.04	\$ 45.09
Out - \$1,500 80/80/50 \$50w	Employee plus Spouse	\$ 99.68	\$ 96.97	\$ 107.65	\$ 84.86	\$ 93.45	\$ 102.33	\$ 111.39	\$ 91.17
Endo, Perio, Oral - Class II	Employee plus Child(ren)	\$ 92.08	\$ 89.69	\$ 99.24	\$ 78.56	\$ 86.26	\$ 94.39	\$ 102.77	\$ 84.27
	Employee + Family	\$ 145.52	\$ 141.67	\$ 156.94	\$ 124.08	\$ 136.34	\$ 149.22	\$ 162.45	\$ 133.14
Plan Option 2A									
With \$1,000 Adult/Child Ortho	Employee	\$ 49.59	\$ 48.31	\$ 53.51	\$ 42.26	\$ 46.49	\$ 50.94	\$ 55.39	\$ 45.42
	Employee plus Spouse	\$ 100.35	\$ 97.71	\$ 108.33	\$ 85.55	\$ 94.14	\$ 103.09	\$ 112.12	\$ 91.90
	Employee plus Child(ren)	\$ 101.61	\$ 100.03	\$ 108.51	\$ 88.43	\$ 95.95	\$ 104.71	\$ 113.07	\$ 94.38
	Employee + Family	\$ 156.18	\$ 153.25	\$ 167.33	\$ 135.10	\$ 147.19	\$ 160.79	\$ 174.01	\$ 144.44
Plan Option 2B									
With \$1,500 Adult/Child Ortho	Employee	\$ 49.71	\$ 48.42	\$ 53.64	\$ 42.38	\$ 46.61	\$ 51.08	\$ 55.53	\$ 45.54
	Employee plus Spouse	\$ 100.62	\$ 97.99	\$ 108.58	\$ 85.81	\$ 94.41	\$ 103.35	\$ 112.41	\$ 92.15
	Employee plus Child(ren)	\$ 105.15	\$ 103.89	\$ 111.97	\$ 92.11	\$ 99.61	\$ 108.58	\$ 116.93	\$ 98.16
	Employee + Family	\$ 160.17	\$ 157.59	\$ 171.20	\$ 139.22	\$ 151.28	\$ 165.12	\$ 178.33	\$ 148.67
Plan Option 3									
In - \$2,000 100/80/50 \$50w	Employee	\$ 51.49	\$ 49.55	\$ 55.69	\$ 43.43	\$ 47.90	\$ 52.82	\$ 57.18	\$ 46.68
Out - \$2,000 80/80/50 \$50w	Employee plus Spouse	\$ 104.19	\$ 100.23	\$ 112.68	\$ 87.86	\$ 96.90	\$ 106.84	\$ 115.71	\$ 94.49
Endo, Perio, Oral - Class II	Employee plus Child(ren)	\$ 95.23	\$ 91.73	\$ 102.81	\$ 80.49	\$ 88.52	\$ 97.51	\$ 105.63	\$ 86.39
	Employee + Family	\$ 150.94	\$ 145.33	\$ 163.03	\$ 127.52	\$ 140.34	\$ 154.61	\$ 167.49	\$ 136.93
Plan Option 3A									
With \$1,000 Adult/Child Ortho	Employee	\$ 51.83	\$ 49.89	\$ 56.03	\$ 43.75	\$ 48.23	\$ 53.16	\$ 57.53	\$ 47.03
	Employee plus Spouse	\$ 104.88	\$ 100.95	\$ 113.40	\$ 88.54	\$ 97.59	\$ 107.60	\$ 116.46	\$ 95.19
	Employee plus Child(ren)	\$ 104.73	\$ 101.97	\$ 112.04	\$ 90.25	\$ 98.10	\$ 107.73	\$ 115.83	\$ 96.36
	Employee + Family	\$ 161.59	\$ 156.84	\$ 173.40	\$ 138.44	\$ 151.08	\$ 166.08	\$ 178.94	\$ 148.12
Plan Option 3B									
With \$1,500 Adult/Child Ortho	Employee	\$ 51.93	\$ 50.03	\$ 56.15	\$ 43.89	\$ 48.37	\$ 53.30	\$ 57.66	\$ 47.14
	Employee plus Spouse	\$ 105.15	\$ 101.23	\$ 113.66	\$ 88.81	\$ 97.85	\$ 107.85	\$ 116.75	\$ 95.46
	Employee plus Child(ren)	\$ 108.28	\$ 105.81	\$ 115.49	\$ 93.91	\$ 101.69	\$ 111.55	\$ 119.65	\$ 100.10
	Employee + Family	\$ 165.61	\$ 161.15	\$ 177.27	\$ 142.55	\$ 155.12	\$ 170.38	\$ 183.25	\$ 152.33
Plan Option 4									
In - \$1,000 100/80/50 \$50w	Employee	\$ 41.97	\$ 39.60	\$ 44.47	\$ 36.42	\$ 38.58	\$ 38.54	\$ 43.54	\$ 36.95
Out - \$1,000 80/60/40 \$50w	Employee plus Spouse	\$ 84.83	\$ 80.04	\$ 89.87	\$ 73.67	\$ 77.99	\$ 77.89	\$ 88.03	\$ 74.71
Endo, Perio, Oral - Class II	Employee plus Child(ren)	\$ 80.39	\$ 75.92	\$ 85.07	\$ 69.89	\$ 73.86	\$ 73.71	\$ 83.35	\$ 70.81
	Employee + Family	\$ 126.11	\$ 119.07	\$ 133.52	\$ 109.62	\$ 115.94	\$ 115.70	\$ 130.81	\$ 111.10
Plan Option 4A									
With \$1,000 Adult/Child Ortho	Employee	\$ 42.28	\$ 39.94	\$ 44.79	\$ 36.76	\$ 38.90	\$ 38.85	\$ 43.85	\$ 37.28
	Employee plus Spouse	\$ 85.51	\$ 80.76	\$ 90.56	\$ 74.35	\$ 78.69	\$ 78.58	\$ 88.74	\$ 75.39
	Employee plus Child(ren)	\$ 90.55	\$ 86.45	\$ 95.16	\$ 80.41	\$ 84.40	\$ 84.25	\$ 93.84	\$ 81.37
	Employee + Family	\$ 137.38	\$ 130.77	\$ 144.73	\$ 121.30	\$ 127.62	\$ 127.39	\$ 142.48	\$ 122.81
Plan Option 5									
In - \$1,500 100/80/50 \$50w	Employee	\$ 44.80	\$ 41.42	\$ 46.65	\$ 38.09	\$ 39.11	\$ 38.32	\$ 44.35	\$ 37.91
Out - \$1,500 80/60/40 \$50w	Employee plus Spouse	\$ 90.60	\$ 83.73	\$ 94.32	\$ 77.07	\$ 79.10	\$ 77.48	\$ 89.73	\$ 76.69
Endo, Perio, Oral - Class II	Employee plus Child(ren)	\$ 83.54	\$ 77.24	\$ 86.99	\$ 71.08	\$ 72.96	\$ 71.47	\$ 82.75	\$ 70.72
	Employee + Family	\$ 132.11	\$ 122.09	\$ 137.52	\$ 112.37	\$ 115.30	\$ 112.95	\$ 130.84	\$ 111.80
Plan Option 5A									
With \$1,000 Adult/Child Ortho	Employee	\$ 45.15	\$ 41.75	\$ 47.00	\$ 38.43	\$ 39.44	\$ 38.65	\$ 44.68	\$ 38.25
	Employee plus Spouse	\$ 91.34	\$ 84.45	\$ 95.05	\$ 77.77	\$ 79.80	\$ 78.17	\$ 90.44	\$ 77.38
	Employee plus Child(ren)	\$ 93.86	\$ 87.57	\$ 97.29	\$ 81.44	\$ 83.28	\$ 81.81	\$ 93.06	\$ 81.06
	Employee + Family	\$ 143.62	\$ 133.64	\$ 149.07	\$ 123.96	\$ 126.86	\$ 124.51	\$ 142.37	\$ 123.36
Plan Option 5B									
With \$1,500 Adult/Child Ortho	Employee	\$ 45.28	\$ 41.87	\$ 47.11	\$ 38.56	\$ 39.58	\$ 38.79	\$ 44.82	\$ 38.38
	Employee plus Spouse	\$ 91.61	\$ 84.73	\$ 95.33	\$ 78.01	\$ 80.06	\$ 78.44	\$ 90.72	\$ 77.64
	Employee plus Child(ren)	\$ 97.71	\$ 91.43	\$ 101.15	\$ 85.32	\$ 87.14	\$ 85.68	\$ 96.93	\$ 84.94
	Employee + Family	\$ 147.95	\$ 137.98	\$ 153.39	\$ 128.28	\$ 131.20	\$ 128.85	\$ 146.69	\$ 127.70



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Plan Option 6									
In - \$2,000 100/80/50 \$50w	Employee	\$ 45.18	\$ 42.83	\$ 47.90	\$ 39.40	\$ 42.23	\$ 42.52	\$ 47.55	\$ 40.27
Out - \$2,000 80/60/40 \$50w	Employee plus Spouse	\$ 91.38	\$ 86.57	\$ 96.92	\$ 79.67	\$ 85.38	\$ 85.95	\$ 96.16	\$ 81.45
Endo, Perio, Oral - Class II	Employee plus Child(ren)	\$ 85.02	\$ 80.57	\$ 90.11	\$ 74.17	\$ 79.39	\$ 79.92	\$ 89.42	\$ 75.79
	Employee + Family	\$ 134.08	\$ 127.04	\$ 142.14	\$ 116.95	\$ 125.25	\$ 126.05	\$ 141.04	\$ 119.52
Plan Option 6A									
With \$1,000 Adult/Child Ortho	Employee	\$ 45.51	\$ 43.16	\$ 48.24	\$ 39.70	\$ 42.57	\$ 42.83	\$ 47.88	\$ 40.64
	Employee plus Spouse	\$ 92.07	\$ 87.30	\$ 97.62	\$ 80.38	\$ 86.09	\$ 86.64	\$ 96.89	\$ 82.15
	Employee plus Child(ren)	\$ 94.94	\$ 90.93	\$ 99.91	\$ 84.54	\$ 89.74	\$ 90.27	\$ 99.75	\$ 86.17
	Employee + Family	\$ 145.16	\$ 138.62	\$ 153.08	\$ 128.49	\$ 136.81	\$ 137.61	\$ 152.60	\$ 131.11
Plan Option 6B									
With \$1,500 Adult/Child Ortho	Employee	\$ 45.66	\$ 43.28	\$ 48.38	\$ 39.84	\$ 42.68	\$ 42.96	\$ 48.04	\$ 40.73
	Employee plus Spouse	\$ 92.33	\$ 87.57	\$ 97.86	\$ 80.66	\$ 86.36	\$ 86.92	\$ 97.16	\$ 82.42
	Employee plus Child(ren)	\$ 98.66	\$ 94.83	\$ 103.57	\$ 88.43	\$ 93.64	\$ 94.17	\$ 103.64	\$ 90.06
	Employee + Family	\$ 149.31	\$ 142.95	\$ 157.19	\$ 132.84	\$ 141.14	\$ 141.96	\$ 156.91	\$ 135.45
Plan Option 7									
In - \$1,000 100/90/60 \$50w	Employee	\$ 47.77	\$ 43.15	\$ 51.96	\$ 39.77	\$ 43.33	\$ 44.06	\$ 48.65	\$ 41.02
Out - \$1,000 100/80/50 \$50w	Employee plus Spouse	\$ 96.57	\$ 87.26	\$ 105.06	\$ 80.42	\$ 87.62	\$ 89.03	\$ 98.34	\$ 82.95
Endo, Perio, Oral - Class II	Employee plus Child(ren)	\$ 91.57	\$ 82.67	\$ 99.76	\$ 76.14	\$ 83.11	\$ 84.54	\$ 93.33	\$ 78.66
	Employee + Family	\$ 143.63	\$ 129.73	\$ 156.45	\$ 119.52	\$ 130.38	\$ 132.57	\$ 146.39	\$ 123.39
Plan Option 7A									
With \$1,000 Adult/Child Ortho	Employee	\$ 48.11	\$ 43.48	\$ 52.32	\$ 40.10	\$ 43.68	\$ 44.40	\$ 48.99	\$ 41.37
	Employee plus Spouse	\$ 97.28	\$ 87.95	\$ 105.78	\$ 81.09	\$ 88.34	\$ 89.74	\$ 99.09	\$ 83.66
	Employee plus Child(ren)	\$ 102.00	\$ 93.14	\$ 110.21	\$ 86.60	\$ 93.58	\$ 95.03	\$ 103.80	\$ 89.13
	Employee + Family	\$ 155.26	\$ 141.34	\$ 168.05	\$ 131.16	\$ 141.99	\$ 144.20	\$ 157.99	\$ 135.03
Plan Option 8									
In - \$1,500 100/90/60 \$50w	Employee	\$ 55.16	\$ 51.15	\$ 59.38	\$ 47.12	\$ 51.63	\$ 53.58	\$ 58.44	\$ 49.16
Out - \$1,500 100/80/50 \$50w	Employee plus Spouse	\$ 111.62	\$ 103.50	\$ 120.14	\$ 95.34	\$ 104.44	\$ 108.34	\$ 118.19	\$ 99.42
Endo, Perio, Oral - Class II	Employee plus Child(ren)	\$ 103.38	\$ 95.71	\$ 111.47	\$ 88.10	\$ 96.77	\$ 100.55	\$ 109.65	\$ 92.06
	Employee + Family	\$ 163.26	\$ 151.24	\$ 175.94	\$ 139.22	\$ 152.78	\$ 158.67	\$ 173.07	\$ 145.39
Plan Option 8A									
With \$1,000 Adult/Child Ortho	Employee	\$ 55.51	\$ 51.49	\$ 59.74	\$ 47.45	\$ 51.97	\$ 53.93	\$ 58.80	\$ 49.50
	Employee plus Spouse	\$ 112.36	\$ 104.25	\$ 120.89	\$ 96.07	\$ 105.18	\$ 109.09	\$ 118.97	\$ 100.18
	Employee plus Child(ren)	\$ 113.39	\$ 106.05	\$ 121.25	\$ 98.43	\$ 106.98	\$ 110.89	\$ 119.97	\$ 102.40
	Employee + Family	\$ 174.47	\$ 162.82	\$ 186.88	\$ 150.79	\$ 164.22	\$ 170.24	\$ 184.62	\$ 156.97
Plan Option 8B									
With \$1,500 Adult/Child Ortho	Employee	\$ 55.64	\$ 51.63	\$ 59.86	\$ 47.59	\$ 52.11	\$ 54.06	\$ 58.94	\$ 49.63
	Employee plus Spouse	\$ 112.63	\$ 104.52	\$ 121.15	\$ 96.34	\$ 105.45	\$ 109.38	\$ 119.25	\$ 100.46
	Employee plus Child(ren)	\$ 117.13	\$ 109.93	\$ 124.90	\$ 102.29	\$ 110.82	\$ 114.74	\$ 123.82	\$ 106.27
	Employee + Family	\$ 178.65	\$ 167.14	\$ 191.00	\$ 155.12	\$ 168.51	\$ 174.58	\$ 188.96	\$ 161.31
Plan Option 9									
In - \$2,000 100/90/60 \$50w	Employee	\$ 57.99	\$ 53.69	\$ 62.45	\$ 49.15	\$ 53.82	\$ 56.83	\$ 61.64	\$ 51.83
Out - \$2,000 100/80/50 \$50w	Employee plus Spouse	\$ 117.36	\$ 108.62	\$ 126.36	\$ 99.49	\$ 108.91	\$ 114.93	\$ 124.73	\$ 104.86
Endo, Perio, Oral - Class II	Employee plus Child(ren)	\$ 107.27	\$ 99.13	\$ 115.74	\$ 90.63	\$ 99.58	\$ 105.28	\$ 114.17	\$ 95.76
	Employee + Family	\$ 170.02	\$ 157.19	\$ 183.33	\$ 143.80	\$ 157.84	\$ 166.76	\$ 180.89	\$ 151.82
Plan Option 9A									
With \$1,000 Adult/Child Ortho	Employee	\$ 58.34	\$ 54.02	\$ 62.79	\$ 49.50	\$ 54.18	\$ 57.19	\$ 62.01	\$ 52.18
	Employee plus Spouse	\$ 118.11	\$ 109.38	\$ 127.09	\$ 100.21	\$ 109.65	\$ 115.70	\$ 125.49	\$ 105.60
	Employee plus Child(ren)	\$ 117.15	\$ 109.35	\$ 125.35	\$ 100.78	\$ 109.55	\$ 115.52	\$ 124.38	\$ 105.98
	Employee + Family	\$ 181.12	\$ 168.67	\$ 194.13	\$ 155.18	\$ 169.02	\$ 178.25	\$ 192.36	\$ 163.31
Plan Option 9B									
With \$1,500 Adult/Child Ortho	Employee	\$ 58.46	\$ 54.17	\$ 62.94	\$ 49.63	\$ 54.30	\$ 57.31	\$ 62.15	\$ 52.31
	Employee plus Spouse	\$ 118.38	\$ 109.65	\$ 127.36	\$ 100.49	\$ 109.92	\$ 115.98	\$ 125.78	\$ 105.88
	Employee plus Child(ren)	\$ 120.84	\$ 113.16	\$ 128.95	\$ 104.58	\$ 113.29	\$ 119.37	\$ 128.21	\$ 109.80
	Employee + Family	\$ 185.28	\$ 172.97	\$ 198.18	\$ 159.45	\$ 173.22	\$ 182.55	\$ 196.65	\$ 167.60
Plan Option 10									
In - \$1,000 100/80/50 \$50w	Employee	\$ 47.79	\$ 42.97	\$ 52.38	\$ 39.50	\$ 43.69	\$ 44.72	\$ 48.99	\$ 41.15
Out - \$1,000 100/80/50 \$50w	Employee plus Spouse	\$ 96.59	\$ 86.84	\$ 105.89	\$ 79.90	\$ 88.30	\$ 90.36	\$ 99.02	\$ 83.15
Endo, Perio, Oral - Class II	Employee plus Child(ren)	\$ 92.24	\$ 82.91	\$ 101.13	\$ 76.25	\$ 84.31	\$ 86.30	\$ 94.56	\$ 79.39
	Employee + Family	\$ 144.41	\$ 129.80	\$ 158.36	\$ 119.43	\$ 131.99	\$ 135.09	\$ 148.05	\$ 124.30
Plan Option 10A									
With \$1,000 Adult/Child Ortho	Employee	\$ 48.13	\$ 43.30	\$ 52.73	\$ 39.84	\$ 44.02	\$ 45.07	\$ 49.32	\$ 41.48
	Employee plus Spouse	\$ 97.29	\$ 87.57	\$ 106.61	\$ 80.61	\$ 89.01	\$ 91.08	\$ 99.74	\$ 83.85
	Employee plus Child(ren)	\$ 102.77	\$ 93.46	\$ 111.61	\$ 86.82	\$ 94.85	\$ 96.86	\$ 105.09	\$ 89.96
	Employee + Family	\$ 156.09	\$ 141.48	\$ 169.99	\$ 131.15	\$ 143.68	\$ 146.78	\$ 159.73	\$ 136.00



California

25 to 50 Enrolled Employees
4-Tier Rates

Rates Effective 7/01/2011 - 12/31/2011

Locate the Group's
home office zip code

Area 1 From/To	Area 2 From/To	Area 3 From/To	Area 4 From/To	Area 5 From/To	Area 6 From/To	Area 7 From/To	Area 8 From/To
900-904 945-948	905-930	931 940-941 943-944	932-933 935-937	934 939 954-961	942	949-951	952-953

		Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
Plan Option 11									
In - \$1,500 100/80/50 \$50w	Employee	\$ 53.69	\$ 49.80	\$ 57.02	\$ 44.66	\$ 49.51	\$ 53.40	\$ 57.66	\$ 48.26
Out - \$1,500 100/80/50 \$50w	Employee plus Spouse	\$ 108.55	\$ 100.67	\$ 115.33	\$ 90.33	\$ 100.08	\$ 107.91	\$ 116.58	\$ 97.60
Endo, Perio, Oral - Class II	Employee plus Child(ren)	\$ 101.61	\$ 94.19	\$ 107.97	\$ 84.50	\$ 93.66	\$ 101.04	\$ 109.11	\$ 91.34
	Employee + Family	\$ 159.96	\$ 148.28	\$ 169.99	\$ 133.05	\$ 147.43	\$ 159.03	\$ 171.79	\$ 143.80
Plan Option 11A									
With \$1,000 Adult/Child Ortho	Employee	\$ 54.02	\$ 50.15	\$ 57.36	\$ 45.00	\$ 49.83	\$ 53.75	\$ 58.02	\$ 48.61
Rates for sold plans will be guaranteed	Employee plus Spouse	\$ 109.26	\$ 101.41	\$ 116.04	\$ 91.03	\$ 100.80	\$ 108.65	\$ 117.33	\$ 98.33
	Employee plus Child(ren)	\$ 111.59	\$ 104.60	\$ 117.47	\$ 94.65	\$ 103.64	\$ 111.43	\$ 119.50	\$ 101.74
	Employee + Family	\$ 171.13	\$ 159.90	\$ 180.63	\$ 144.39	\$ 158.55	\$ 170.62	\$ 183.38	\$ 155.40
Plan Option 11B									
With \$1,500 Adult/Child Ortho	Employee	\$ 54.16	\$ 50.29	\$ 57.48	\$ 45.14	\$ 49.97	\$ 53.87	\$ 58.14	\$ 48.73
	Employee plus Spouse	\$ 109.53	\$ 101.69	\$ 116.30	\$ 91.29	\$ 101.07	\$ 108.92	\$ 117.61	\$ 98.61
	Employee plus Child(ren)	\$ 115.36	\$ 108.50	\$ 121.04	\$ 98.46	\$ 107.36	\$ 115.32	\$ 123.39	\$ 105.65
	Employee + Family	\$ 175.30	\$ 164.25	\$ 184.61	\$ 148.63	\$ 162.74	\$ 174.97	\$ 187.73	\$ 159.76
Plan Option 12A									
With \$1,000 Adult/Child Ortho	Employee	\$ 56.49	\$ 52.36	\$ 60.06	\$ 46.60	\$ 51.67	\$ 56.91	\$ 61.03	\$ 50.57
	Employee plus Spouse	\$ 114.27	\$ 105.89	\$ 121.45	\$ 94.29	\$ 104.51	\$ 115.09	\$ 123.42	\$ 102.27
	Employee plus Child(ren)	\$ 115.07	\$ 107.70	\$ 121.25	\$ 96.61	\$ 105.86	\$ 116.25	\$ 123.92	\$ 104.23
	Employee + Family	\$ 177.12	\$ 165.30	\$ 187.10	\$ 147.99	\$ 162.65	\$ 178.79	\$ 190.95	\$ 159.92
Plan Option 12B									
With \$1,500 Adult/Child Ortho	Employee	\$ 56.63	\$ 52.47	\$ 60.18	\$ 46.73	\$ 51.78	\$ 57.04	\$ 61.16	\$ 50.69
	Employee plus Spouse	\$ 114.54	\$ 106.17	\$ 121.70	\$ 94.57	\$ 104.76	\$ 115.39	\$ 123.71	\$ 102.55
	Employee plus Child(ren)	\$ 118.75	\$ 111.53	\$ 124.75	\$ 100.34	\$ 109.49	\$ 120.10	\$ 127.79	\$ 108.05
	Employee + Family	\$ 181.26	\$ 169.60	\$ 191.03	\$ 152.17	\$ 166.73	\$ 183.11	\$ 195.24	\$ 164.21

UNDERWRITING GUIDELINES

SINGLE OPTION (STAND ALONE) PPO:

Minimum of 7 enrolled lives.

Above rates reduced by 3% if plans are sold as stand alone.

DUAL OPTION PPO/PPO (25 to 50 enrolled):

Employer Contribution at least 50% : Minimum of 25 enrolled lives AND minimum combined participation of 75% , with at least 10% in the High plan.

Employer Contribution less than 50% : Not available.

DUAL OPTION DHMO/PPO (25 to 50 enrolled):

Minimum combined participation is 7 enrolled lives.

DHMO: Minimum of 2 enrolled lives.

PPO: Minimum of 5 enrolled lives.

RATE GUARANTEE

Rates for sold plans will be guaranteed for a period of twelve (12) months.

OUT OF STATE COVERAGE

Dental plan rates are applicable to groups situated in California with a maximum of 10% of employees outside of California. Please contact your local Sales Office for additional rates and plans when more than 10% of employees do not reside in California.

SOLD GROUPS ARE SUBJECT TO UNDERWRITING APPROVAL

1. All rates provided are at the 80th UCR. For 90th UCR, add a 1.02 factor to the rates provided.
For any other UCR options, please contact your local sales office for factor (based on three digit zip code)
2. One time open enrollment at issue is included. Annual open enrollment available for a 1.02 load added to the rates provided.
3. Dependent Age Limitation is 19/23. To change Dependent Age Limitation to 26/26, add a 1.01 factor to the rates provided.
4. Standard commissions are included.

INTERMEDIARY AND PRODUCER COMPENSATION NOTICE

MetLife enters into arrangements concerning the sale, servicing and/or renewal of MetLife group insurance and certain other group-related products ("Products") with brokers, agents, consultants, third-party administrators, general agents, associations, and other parties that may participate in the sale, servicing and/or renewal of such Products (each an "Intermediary"). MetLife may pay your Intermediary compensation, which may include base compensation, supplemental compensation and/or a service fee. MetLife may pay compensation for the sale, servicing and/or renewal of Products, or remit compensation to an Intermediary on your behalf. Your Intermediary may also be owned by, controlled by or affiliated with another person or party, which may also be an Intermediary and who may also perform marketing and/or administration services in connection with your Products and be paid compensation by MetLife.

Base compensation, which may vary from case to case and may change if you renew your Products with MetLife, may be payable to your Intermediary as a percentage of premium or a fixed dollar amount. In addition, supplemental compensation may be payable to your Intermediary. Under MetLife's current supplemental compensation plan, the amount payable as supplemental compensation may range from 0% to 2.25% of premium. The supplemental compensation percentage may be based on: (1) the number of Products sold or inforce through your Intermediary during a prior one-year period; (2) the amount of premium or fees with respect to Products sold or inforce through your Intermediary during a prior one-year period; and/or (3) a fixed percentage of the premium for Products as set by MetLife. The supplemental compensation percentage will be set by MetLife prior to the beginning of each calendar year and it may not be changed until the following calendar year. As such, the supplemental compensation percentage may vary from year to year, but will not exceed 2.25% under the current supplemental compensation plan.

The cost of supplemental compensation is not directly charged to the price of our Products except as an allocation of overhead expense, which is applied to all eligible group insurance products, whether or not supplemental compensation is paid in relation to a particular sale or renewal. As a result, your rates will not differ by whether or not your Intermediary receives supplemental compensation. If your Intermediary collects the premium from you in relation to your Products, your Intermediary may earn a return on such amounts. Additionally, MetLife may have a variety of other relationships with your Intermediary or its affiliates that involve the payment of compensation and benefits that may or may not be related to your relationship with MetLife (e.g., consulting or reinsurance arrangements).

More information about the eligibility criteria, limitations, payment calculations and other terms and conditions under MetLife's base compensation and supplemental compensation plans can be found on MetLife's Web site at www.whymetlife.com/brokercompensation. Questions regarding Intermediary compensation can be directed to ask4met@metlifeservice.com, or if you would like to speak to someone about Intermediary compensation, please call (800) ASK 4MET. In addition to the compensation paid to an Intermediary, MetLife may also pay compensation to your MetLife sales representative. Compensation paid to your MetLife sales representative is for participating in the sale, servicing, and/or renewal of Products, and the compensation paid may vary based on a number of factors including the type of Product(s) and volume of business sold. If you are the person or entity to be charged under an insurance policy or annuity contract, you may request additional information about the compensation your MetLife sales representative expects to receive as a result of the sale or concerning compensation for any alternative quotes presented, by contacting your MetLife sales representative or calling 1-866 796-1800.