

# CAPITAL DENTAL

## BROCHURE RATES: GROUPS 2-100 EMPLOYEE LIVES

### 2000 PLAN

### 1500 PLAN

Coverage: 100% of the first \$100, 0% of the next \$50, 80% of the next \$250 and 50% of the remaining for an annual maximum benefit of \$2000 per person.			Coverage: 100% of the first \$100, 0% of the next \$50, 80% of the next \$250 and 50% of the remaining for an annual maximum benefit of \$1500 per person.		
Plan Share	Dental Expense	Paid Benefit	Plan Share	Dental Expense	Paid Benefit
100%	\$100.00	\$100.00	100%	\$100.00	\$100.00
0%	\$50.00	\$0.00	0%	\$50.00	\$0.00
80%	\$250.00	\$200.00	80%	\$250.00	\$200.00
50%	\$3400.00	\$1700.00	50%	\$2400.00	\$1200.00
Total	\$3800.00	\$2000.00	Total	\$2800.00	\$1500.00

### 1000 PLAN

### 750 PLAN

Coverage: 100% of the first \$100, 0% of the next \$50, 80% of the next \$250 and 50% of the remaining for an annual maximum benefit of \$1000 per person.			Coverage: 100% of the first \$100, 0% of the next \$50, 80% of the next \$250 and 50% of the remaining for an annual maximum benefit of \$750 per person.		
Plan Share	Dental Expense	Paid Benefit	Plan Share	Dental Expense	Paid Benefit
100%	\$100.00	\$100.00	100%	\$100.00	\$100.00
0%	\$50.00	\$0.00	0%	\$50.00	\$0.00
80%	\$250.00	\$200.00	80%	\$250.00	\$200.00
50%	\$1400.00	\$700.00	50%	\$900.00	\$450.00
Total	\$1800.00	\$1000.00	Total	\$1300.00	\$750.00

### Plan Provisions

- § Yearly maximums are per person. Select any U.S. licensed dentist. No pre-authorizations required.
- § Reimbursement schedules are based on calendar year.
- § 6-month wait for endodontics, periodontics, crowns, bridges, prosthetic work & major oral surgery. 12-month wait for orthodontia.
- § Lifetime maximum for orthodontics is 2 times annual maximum and locked at start of treatment.
- § Plan excludes implants, cosmetic dentistry, infection control and adult orthodontia
- § Groups 25 - 100 employees may offer a dual option to their employees.
- § Initial rates are guaranteed for 12 months. Credit for time served against waiting periods on takeovers only.
- § At least 75% of eligible employees must participate in the plan.
- § Groups subject to a monthly billing fee of \$5.00.
- § Ineligible groups include; Law offices, dental offices and family groups (100% related).
- § Schools and municipalities add 20% to rates.
- § Some provisions, benefits, exclusions or limitations listed herein may vary depending on your state of residence.
- § 2000 plan is only available to groups with over 25 lives (must have at least 75% participation).
- § Groups over 101 employees are individually quoted.
- § For voluntary groups down to 2, multiply the rates by 1.15. The 2000 plan is not available on a voluntary basis.

### VISION BUY-UP OPTION

*Based on the following schedule of benefits. (Lenses, frames and contacts limited to one pair per calendar year.) \$50.00 Lifetime Deductible*

Vision Analysis (M.D.)	\$75.00	Bifocal Lens	\$35.00	Lenticular Lens	\$ 56.25
Vision Analysis (O.D.)	\$60.00	Bifocal Lenses	\$70.00	Lenticular Lenses	\$112.50
Single Vision Lens	\$18.75	Trifocal Lens	\$45.00	One Contact Lens	\$ 25.00
Single Vision Lenses	\$37.50	Trifocal Lenses	\$90.00	Two Contact Lenses	\$ 50.00
				Frames	\$ 50.00
				Employee	\$4.42
				Employee + 1	\$8.34
				Family	\$14.38

# CAPITAL DENTAL

## MONTHLY PREMIUMS & AREA FACTORS

Effective through 1/31/2004: The rates are based on 75% participation after waivers. To calculate voluntary rates (groups down to 2) multiply rates by 1.15, the 2000 plan is not available on a voluntary basis.

### 2000 Plan

	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7
Employee	\$23.79	\$26.72	\$29.37	\$32.01	\$34.95	\$37.59	\$41.11
Employee + 1	\$45.14	\$50.71	\$55.72	\$60.74	\$66.31	\$71.33	\$78.01
Family	\$76.74	\$86.22	\$94.74	\$103.27	\$112.74	\$121.27	\$132.64

### 1500 Plan

	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7
Employee	\$22.54	\$25.32	\$27.83	\$29.58	\$33.11	\$35.62	\$38.96
Employee + 1	\$42.77	\$48.05	\$52.81	\$57.56	\$62.84	\$67.59	\$73.93
Family	\$72.71	\$81.69	\$89.77	\$97.85	\$106.83	\$114.91	\$125.68

### 1000 Plan

	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7
Employee	\$20.68	\$23.23	\$25.53	\$27.83	\$30.38	\$32.68	\$35.74
Employee + 1	\$39.24	\$44.09	\$48.45	\$52.81	\$57.65	\$62.02	\$67.83
Family	\$66.72	\$74.95	\$82.37	\$89.78	\$98.02	\$105.43	\$115.31

### 750 Plan

	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7
Employee	\$19.50	\$21.91	\$24.07	\$26.24	\$28.65	\$30.81	\$33.70
Employee + 1	\$37.01	\$41.58	\$45.69	\$49.80	\$54.37	\$58.48	\$63.96
Family	\$62.91	\$70.68	\$77.67	\$84.66	\$92.43	\$99.42	\$108.74

Rates for state unless otherwise specified by zip code.		Connecticut	5	Kentucky	1	New Jersey	3	South Carolina	2
		068-069	6	Louisiana	1	070-076	4	South Dakota	1
Delaware	5	700-701	2	078-079	5	Tennessee	2		
Alabama	1	Dist of Columbia	5	707-711	2	085-087	4	Texas	1
Alaska	7	Florida	3	Maine	3	088-089	5	750-753	3
Arizona	2	330, 333, 334	4	Maryland	2	New Mexico	2	773-775, 777	3
850-853	3	336, 340	3	206-209	4	North Carolina	2	760-764	2
Arkansas	1	331-332	5	210-214	3	275-277	3	768-769, 782	2
770-772	2	Georgia	2	Massachusetts	4	280-282	4	786-789	3
California	4	300-302	3	017-019	5	North Dakota	1	797-799	2
900-901	6	303, 311	4	021-022	6	Ohio	1	770-772	3
902-904	6	Hawaii	3	Michigan	2	430-432	2	Utah	3
905-909	5	Idaho	1	480-489	3	434-436	2	Vermont	3
910-916	5	837	3	Minnesota	2	439-445	2	Virginia	2
917-921	5	Illinois	1	554	4	450-452, 456	2	201	5
926-929	5	600, 606-608	4	Mississippi	1	Oklahoma	1	220-223	4
930-931	5	601-605	3	Missouri	1	730-731	2	233-237	3
934	5	610-611	2	630-633	2	740-741	2	Washington	4
940-944	6	Indiana	1	640-641	2	Oregon	2	980-981	6
945-951	5	462-464	2	Montana	2	970-975	3	982-986	5
Colorado	3	Iowa	2	Nebraska	1	Pennsylvania	2	West Virginia	1
800-807	3	Kansas	1	Nevada	4	190-191	3	Wisconsin	2
808-809	4	660-662, 666	2	893-898	5	189, 192-194	4	530-534, 537	3
				New Hampshire	4	Rhode Island	3	Wyoming	1

Coverage is not available in all states. Some provisions, benefits, exclusions or limitations listed herein may vary, depending on your state of residence.