

We make it easy to
keep your winning smile

Nationwide®



Nationwide MultiflexSM Dental Plans



Introducing Nationwide MultiflexSM Dental

Nationwide Multiflex Dental is a comprehensive dental insurance plan created to offer you and your qualified family members the protection and flexibility you need to maintain your winning smile.

When you enroll with Multiflex, you receive coverage for basic, preventive, and major dental services. Since acceptance is guaranteed, your coverage begins the first day of the month after your application, first month's premium and fees are received. Your spouse and dependent children are also eligible for coverage. Our dental product also offers affordable coverage for people ages 65 and older. When you reach age 65 you will automatically be transferred to the over age 65 plan.

After you review the list of benefits offered to you and your family, complete and mail the enclosed enrollment form today. Just as soon as you receive your policy, you may begin enjoying the available benefits of the dental insurance plan.

Important information – upon receipt of your completed application you will receive a copy of your Certificate of Insurance and Identification card(s). Do not cancel any other dental coverage you may have until you receive written confirmation from Merchants Benefit Administration, Inc.

Flexible Dental Protection for you and your family

- Freedom to choose any dentist
- Coverage for you and qualified family members
- Coverage for preventive, basic and major services
- Multiple premium payment options
- Guaranteed acceptance
- Initial 12 month rate guarantee

Plan Features

Eligible Expenses

We will pay for Eligible Expenses You incur for Yourself or on behalf of Your insured Dependent. Expenses must be incurred while the Policy is in force and the person is covered by the Policy. The description of Eligible Expenses is shown in the [rate guide](#). To be an Eligible Expense, the dental service or procedure must be performed by a Dentist, a Physician or a Dental Hygienist.

Expenses Incurred

An Eligible Expense is considered incurred on the following dates: For full and partial dentures - the date the final impression is taken; for fixed bridges, crowns, inlays and onlays - the date the teeth are first prepared; for root canal therapy - on the date the pulp chamber is opened; for periodontal surgery - on the date surgery is performed; for all other services - the date the service is performed.

Deductible Amount

The calendar year Deductible, if any, is shown in the [rate guide](#). The Deductible is an amount of charges You must incur for Yourself or on behalf of Your insured Dependent before We start paying benefits.

Maximum Calendar Year Limit

The maximum limit payable for all Eligible Expenses in any calendar year is shown in the [rate guide](#). The Maximum Calendar Year Limit, if any, will apply to each person covered under the Policy.

Dental PPO Network

Some plan offerings use DenteMax, a national, seamless, credentialed PPO dental network, ranking in the top ten for network size. DenteMax dentists offer fees below normal costs. This will create savings for your clients and their members.

Eligibility

Individuals plus their eligible dependents (spouse and unmarried children from birth to age 19; extended to age 23 if child is a full-time student). This is subject to State requirements.

Termination Of Coverage

Coverage terminates on the earliest of the following dates:

- (a) the last day of the month in which You cease to be eligible for coverage;
- (b) the last day of the month in which Your Dependent is no longer a dependent as defined;
- (c) subject to the Grace Period, the last day of the month for which a premium has been paid by you or on your behalf;
- (d) or the date the Master Policy ends.

Effective Date

You and Your Dependents are covered on the later of: the date We accept Your enrollment and determine an effective date; or the date You first acquire a Dependent, if the date is after Your coverage begins. Effective dates will be first of the month only.

Reasonable And Customary

Reasonable and Customary means the usual, customary and regular charges for the area where such expenses are incurred.

Why Dental Insurance?

- Healthy teeth equals healthy heart
- Dental expenses can be quite costly
- Like health insurance, dental insurance gives you the preventative measures needed to help keep your teeth healthy and bright!

EXCLUSIONS

No Benefits are payable under the Policy for the Services listed below. In addition, the Services listed below will not be recognized toward the satisfaction of any Deductible:

1. Any Services which are not included in the Schedule of Covered Procedures;
2. Any Service started or appliance installed before the Effective Date or after the Termination Date, except in those instances noted in this Certificate;
3. Any Service, which may not reasonably be expected to successfully correct the patient's dental condition for a period of at least 3 years, as determined by Us;
4. Any procedure We determine is not necessary, does not offer a favorable prognosis, does not have uniform professional endorsement or is experimental in nature;
5. Crowns, inlays, onlays, cast restorations, or other laboratory prepared restorations on teeth, which may be satisfactorily restored with an amalgam or composite resin filling;
6. Any treatment which is elective or primarily cosmetic in nature and not generally recognized as a generally accepted dental practice by the American Dental Association, as well as any replacement of prior cosmetic restorations unless such procedure is listed in the Schedule of Covered Procedures;
7. Appliances, Services or procedures relating to:
 - a. the change or maintenance of vertical dimension;
 - b. restoration of occlusion (unless otherwise noted in the Schedule of Covered Procedures—only for occlusal guards);
 - c. splinting;
 - d. correction of attrition, abrasion, erosion or abfraction;
 - e. bite registration; or
 - f. bite analysis;
8. Replacement of bridges [unless the bridge is older than the age allowed in the Schedule of Covered Procedures and cannot be made serviceable];
9. Replacement of full or partial dentures unless the prosthetic appliance is older than the age allowed in the Schedule of Covered Procedures and cannot be made serviceable;
10. Replacement of crowns, inlays or onlays unless the prior restoration is older than the age allowed in the Schedule of Covered Procedures and cannot be made serviceable;
11. For Orthodontia Services;
12. Services provided for any type of temporomandibular joint (TMJ) dysfunctions, muscular, skeletal deficiencies involving TMJ or related structures, myofascial pain unless such procedure is listed as a Covered Procedure in the Schedule of Covered Procedures;
13. Charges for implants of any type, and all related procedures, removal of implants, precision or semi-precision attachments, denture duplication, overdentures and any associated surgery, or other customized Services or attachments unless such procedures are listed as Covered Procedures in the Schedule of Covered Procedures;
14. Athletic mouth guards; myofunctional therapy; treatment for malignancies, cysts and neoplasms; failure to keep scheduled appointment; charges for completion of Claim forms, infection control; precision or semi-precision attachments; denture duplication; oral hygiene instruction; separate charges for acid etch; charges for travel time; transportation costs; professional advice; treatment of jaw fractures; orthognathic surgery; exams required by a third party other than Us, personal supplies (e.g., water pik, toothbrush, floss holder, etc.); or replacement of lost or stolen appliances;
15. Prescription drugs, premedication, pharmaceuticals, or analgesia;
16. Dental disease, defect or injury caused by a declared or undeclared war or any act of war or terrorism or taking part in an insurrection or riot; the commission or attempted commission of a crime; an intentionally self-inflicted injury or attempted suicide while sane or insane;
17. Dental treatment not approved by the American Dental Association or which is clearly experimental in nature;
18. Any charge for a Service for which benefits are available under Worker's Compensation or an Occupational Disease Act or Law, even if You did not purchase the coverage that is available to You;
19. Any charge for a Service performed outside of the United States other than for Emergency Treatment. Benefits for Emergency Treatment performed outside of the United States are limited to a maximum of \$100 per Plan Year;
20. The initial placement of a removable full denture or a removable partial denture unless it includes the replacement of a Natural Tooth extracted while the Person is insured under the Policy;
21. The initial placement of a fixed partial denture including a Maryland Bridge, unless it includes the replacement of a Natural Tooth extracted while the Person is insured under the Policy, provided that tooth was not an abutment to an existing partial denture. Frequency Limitations for replacement of Dentures and bridges are stated in the Schedule of Covered Procedures. Benefits are payable only for the replacement of those teeth which were extracted while the Person was insured under the Policy;
22. The replacement of teeth beyond the normal complement of 32;

23. The replacement of an existing removable partial denture with a fixed partial denture unless upgrading to a fixed partial denture is essential to the correction of the Covered Person's dental condition;
24. Local anesthetic, including light anesthetic, as a separate fee;
25. Any Treatment Plan which involves full-mouth reconstruction by the removal and reestablishment of occlusal contacts of 10 or more teeth with restorations, crowns, onlays, inlays, fixed partial dentures, dentures, or any combination of these Services;
26. Services with respect to congenital (hereditary) or developmental (before birth) malformations, including but not limited to; cleft palate, maxillary and mandibular (upper and lower) malformations, enamel hypoplasia (lack of development), fluorosis, and anodontia;
27. Dental care paid for, required, or provided by or under the laws of a national, state, local or provincial government, or treatment furnished within a hospital or other facility owned or operated by a national or state government unless the Insured Person has a legal obligation to pay;
28. Dental services performed in a hospital and related hospital fees;
29. Services covered under an existing medical plan;
30. The portion of an expense which is in excess of the reasonable charge;
31. Fees associated with a cancelled or missed appointment;
32. General anesthesia and I.V. sedation, unless deemed medically necessary as determined by a professional consultant. "Medically necessary" means that the general anesthesia and I.V. sedation is determined by Us to meet all of the following:
 - a. Required to meet the health care needs of the Claimant; and
 - b. Consistent (in scope, duration, intensity and frequency of treatment) with scientifically based guidelines of national dental or research organizations or governmental agencies accepted by Us; and
 - c. Consistent with the diagnosis of the covered dental procedure; and
 - d. Required for reasons other than the comfort or convenience of the Claimant; and
 - e. Of demonstrated medical value and medical effectiveness.

Missing Teeth Limitation: We will not pay benefits for replacement of teeth missing on a Covered Person's Effective Date of insurance under this Certificate for the purpose of the initial placement of a full denture, partial denture or fixed bridge. In addition, In addition, such replacement will not be recognized toward the satisfaction of any

Deductible. However, expenses for the replacement of teeth missing on the Effective Date will be considered for payment as follows:

1. The initial placement of full or partial dentures will be considered a Covered Procedure if the placement includes the initial replacement of a Natural Tooth extracted while the Covered Person is covered under the Group Policy;
2. The initial placement of a fixed bridge will be considered a Covered Procedure if the placement includes the initial replacement of a Natural Tooth extracted while a Covered Person is covered under the policy. However, the following restrictions will apply:
 - a. Benefits will only be paid for the replacement of the teeth extracted while a Covered Person is covered under the Group Policy];
 - b. Benefits will not be paid for the replacement of other teeth which were missing on the Covered Person's Effective Date.
 - c. Missing teeth limitation will be waived after a Covered Person has been covered under the plan for (3) three continuous years unless it is a replacement of an existing unserviceable prosthesis.

Ready to learn more?



Please call Merchants Benefit Administration at 800.800.6543



mbaadmin.com



Or call your local General Agent

To find a DenteMax[®] provider, please visit our website at mbaadmin.com

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Products not available in all states. The benefits outlined are for illustrative purposes only and should not be considered a proposal for coverage. Limitations and exclusions apply.

This brochure is not the Insurance Contract, nor does it represent the Insurance Contract. A full explanation of benefits, exclusions and limitations is contained in the Certificate of Insurance, under Group Policy NSH DTL 2000 issued to the National Small business Association. No agent has the authority to change any benefits, to bind coverage with Nationwide Life Insurance Company, or to promise a certain effective date.

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Underwritten by Nationwide Life Insurance Company. Home Office: One Nationwide Plaza, Columbus, OH 43215-2220

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MBA_{INC.}
Merchants Benefit Administration



Nationwide[®]
On Your Side

Reliability and strength that will please everyone

We're all smiles at MBA and Nationwide Specialty Health. We're pleased the unique new dental plans we've built together give you and your clients so many reasons to smile - including the strength and reliability offered by our partnership.

MBA

- Leading developer, administrator and marketer of quality dental plans and other specialty products for 20+ years
- History of creating solid strategic partnerships and alliances
- Known for recruiting top notch agents and brokers
- Reputation for ingenuity and sound business practices

Nationwide Specialty Health

- Mission is to help consumers better plan for the ever-increasing responsibility for their own health care costs
- Backed by financial strength and prudent financial history of Nationwide®
- A+ rating from A.M. Best
- #124 on Fortune 500 list
- Commitment to health benefits industry since 1942

Are you eager to learn more?

- Do you want more information on our plans and rates?
- Are you ready to learn more about our simplified sales process?
- Do you want to get appointed with MBA?

Simply give us a call or visit us on the Web to learn more:



mbaadmin.com



1.800.800.6543



Or call your local General Agent

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Nationwide®
On Your Side

MBA INC.
Merchants Benefit Administration

Give your clients a reason to smile!

Nationwide®



Nationwide
MultiflexSM Dental



Nationwide®
On Your Side

It's a given you're always looking out for your clients' best interests, right? But, when is the last time you really made them smile... especially with a dental plan?

How can a dental plan make your clients smile? Aren't they typically cumbersome and difficult to understand and use?

Nationwide MultiflexSM Dental Plans from Merchants Benefit Association (MBA) are different! Our plans give clients many reasons to be happy. We offer 11 different plans – including spouse and child coverage – to meet almost every dental coverage need.

Under Age 65

- Classic Plans: \$1,000, \$1,500, \$2,000; 80/50/50
- Classic Select Plans: \$1,000, \$1,500, \$2,000; 100/70/60/50 (DenteMax[®] network)
- Basic Plan: \$500; 100/50/50
- Super Select Plan: \$1,000; 80/60/50/40

Age 65+

- Basic Plus Plans: \$1,000, \$1,500, \$2,000; 80/50/50

On top of all that, our plans are easy for you to sell and for your clients to purchase. And since it's been proven that strong dental health contributes to overall physical health, your clients will be grinning ear-to-ear that we've made obtaining dental care so easy and affordable.



Put a smile on your face too!

The Nationwide Multiflex approach to selling dental plans is unique compared to most others. We're confident you'll see our differences are what make selling Multiflex Dental an easy choice for you.

How do you sell Multiflex Dental?

- Contact your local General Agent or MBA to start the contracting process at 1.800.800.6543
- We'll get you linked for online enrollment for your website.
- MBA will also provide you with the necessary enrollment material for traditional brochure-based sales
- Once you're contracted, you're ready to start selling via traditional brochure or online

Who can buy Multiflex Dental and how do they purchase?

- Almost anyone can buy Multiflex Dental (availability varies by state)
- Upon purchase and enrollment via brochure or the Web, all new customers become members of the National Small Business Association (NSBA)
- NSBA is the group policyholder meaning membership grants your clients access to the affordable group rates
- Your clients simply pay a low NSBA membership fee in addition to their dental plan premium

Rate Column Finder

ST	ZIP	RT	ST	ZIP	RT	ST	ZIP	RT	ST	ZIP	RT	ST	ZIP	RT	ST	ZIP	RT	
AK	999	7	DC	200	6	KS	660	4	ND	581	4	OR	All	17	WI	533	1	
	All other	8		All other	7		661	2		All other	3		536	1				
AL	350	2	DE	199	5		662	4	NE	681	3		PA	150-153		1	537	5
	352	2		All other	7		663	1		682	1			156-159		1	540	3
	356	2	FL	321-322	2		All other	3		All other	2			167		1	170	3
	357	3		325	4	KY	All	14	NH	031-032	5			172-175		3	All other	4
	358	2		327	1		LA	702		1	034-036	5		176	4	WV	All	2
	365-366	2		328	2	709		1		All other	6	180		4	WY		All	3
	369	2		330	4	712-713		2	NJ	See indemnity rate guide SHM-0413AO	181	3						
	All other	1		331-332	6	All other	3	NM		871	5	183		4				
AR	722	3		333	5	MA	See indemnity rate guide SHM-0413AO		NV	872	1	189		5				
	725-727	3		334	4		876			1	190-191	4						
	729	3		335	1	MD	208-209			5	878-883	3		192	1			
	All other	2		336	2		210-212	3		All other	4	193	5					
AZ	All	9		338	2		215	5	ME	041	6	194	4					
			339	4	216		3	043		4	RI	All	5					
CA	900	12	340-341	5	219		5	045		4		SC	292	4				
	901	13	342	4	All other	4	047	4		294			4					
	902-903	12	344-347	1	MI	480	3	049		4			296-299	4				
	904	13	349	4		482-483	3	All other	5	All other	3							
	905	11	All other	3		486-487	3	MN	550	15	SD	All	3					
	906-907	10	GA	303		5	489		3	NY		100-102	8	TN	375	1		
	908	11		310		3	498-499		3			103	5		TX	750-751	19	
	909	10		311	6	All other	4		104			4	752			18		
	910-913	12		312	3	MO	630-631		4		105-108	6	753			19		
	914	11		316-319	3		633	3	109-113		5	754-759	18					
	915-916	12	399	1	634		4	114	4		760	19						
	917	10	All other	4	635-637		2	115	6		761	18						
	918	12	HI	All	6		640-641	3	116		5	762-763	19					
	919-920	10		IA	500	4	648	3	117-118		4	764-769	18					
	921-923	11			501	3	650-651	3	119		5	770	19					
	924-925	10			502	4	652	4	124		4	772-774	19					
	926	13			503	3	656-658	3	126		5	775-779	18					
	927	10	509		4	All other	1	127	4		780	19						
	928	11	511	3	ID	517-519	1	132	2		781-785	18						
	929	13	IL	600		5	133	1	786-787		19							
	930	12		601		4	135-136	2	788-789		18							
	931	13		602-603		5	138	2	790-794	19								
	932	11		604-608		4	140-142	2	795-798	18								
	933	10		611	4	143	1	799	19									
	934	13	619-622	2	OH	437-441	2	UT	844	1								
	935-938	10	624	1		443-445	2		VA	See indemnity rate guide SHM-0413AO								
	939-944	13	625-626	2		447	2			VT	054	5						
	945	12	628	1		449	2	All other			4							
	946-951	13	629	2		453	2	WA	All		20							
	952	10	All other	3	455-457	2	OK		732	1								
	953	11	IN	462-463	4	459			1	737-738	2							
	954	12		470-471	2	All other		3	742-744	1								
	955	13		All other	3	NC		See indemnity rate guide SHM-0413AO	745-746	2								
	956	11		CO	800-802			5	748-749	2								
	957	13			803-804		6	All other	3									
958-959	11	807-809	5		CT		067	5										
960-961	13	816	6				069	7										
		All other	4			All other	6											



Nationwide MultiflexSM Dental Plans RATE GUIDE

STEP 1 THE RATE COLUMN FINDER

- 1. Find your state within the finder.
- 2. In the column beside your state, locate the first three numbers of your zip code.
- 3. The third column contains your rate column number.
- 4. Use the rate column number to locate the associated rate column on the Monthly Premium Rate Table. This column contains your rates for all offered dental plans.

STEP 2 MONTHLY PREMIUM RATE TABLES

- 1. Find the Monthly Premium Rate Table(s) that corresponds with the member's age.
- 2. Locate your rate column. (Find your rate column by using the Rate Column Finder.)
- 3. Then, select your coverage type (Member, Member + One or Member + Family).
- 4. Your Monthly premium is the rate shown within your Rate Column and your selected row of coverage.

Deductible Waived In-Network Preventative	Calendar Year Max	Diagnostic & Preventative Services†	Minor Restorative Services (6 Month Waiting Period)	Oral Surgery, Endodontic & Periodontal Services (18 Month Waiting Period)	Prosthodontic Services (18 Month Waiting Period)	Coverage	<div>Regional Rates</div> <div>(Find your zipcode in the Rate Column Finder on the back of this Rate Guide. Use your local Rate Column Number to identify your Rate Column below. Your Rate Column below contains all your rates for all offered plans.)</div>																			
							Rate Column 1	Rate Column 2	Rate Column 3	Rate Column 4	Rate Column 5	Rate Column 6	Rate Column 7	Rate Column 8	Rate Column 9	Rate Column 10	Rate Column 11	Rate Column 12	Rate Column 13	Rate Column 14	Rate Column 15	Rate Column 16	Rate Column 17	Rate Column 18	Rate Column 19	Rate Column 20

MultiflexSM Plans for Under Age 65 – \$50 Single / \$150 Family Calendar Year Deductible Plans

Classic Plans																										
CLASSIC 1000						Mem	28.84	32.33	36.15	39.87	44.65	48.92	53.99	62.90	37.86	41.59	45.93	49.38	53.99	30.50	38.57	45.72	49.25	34.90	38.82	55.65
NO	\$1,000	80%	80%	50%	50%	Mem + 1	53.48	60.07	67.27	74.29	83.33	91.42	100.98	117.79	70.49	77.62	85.79	92.30	100.98	56.61	71.87	85.38	92.04	64.92	72.32	104.11
						Mem + Fam	84.39	94.79	106.27	117.44	131.78	144.81	159.90	186.55	111.35	123.10	135.93	146.20	159.90	89.29	113.61	135.16	145.76	102.56	114.34	164.85
CLASSIC 1500						Mem	31.64	35.46	39.59	43.62	48.84	53.49	58.99	68.69	41.46	45.53	50.24	53.99	58.99	33.48	42.22	49.99	53.83	38.22	42.49	60.80
NO	\$1,500	80%	80%	50%	50%	Mem + 1	58.46	65.64	73.41	80.97	90.79	99.56	109.89	128.10	76.91	84.65	93.47	100.51	109.89	61.91	78.35	92.98	100.20	70.83	78.85	113.27
						Mem + Fam	90.59	101.75	113.90	125.75	141.06	154.97	170.99	199.36	112.36	123.77	136.70	147.02	160.79	90.34	114.47	135.97	146.57	103.44	115.21	165.75
CLASSIC 2000						Mem	33.29	37.30	41.62	45.83	51.31	56.18	61.94	72.10	43.58	47.86	52.77	56.71	61.94	35.23	44.36	52.51	56.52	40.17	44.64	63.83
NO	\$2,000	80%	80%	50%	50%	Mem + 1	61.39	68.93	77.02	84.90	95.18	104.35	115.14	134.16	80.69	88.79	97.99	105.33	115.14	65.03	82.17	97.46	105.01	74.30	82.68	118.66
						Mem + Fam	94.23	105.85	118.40	130.64	146.52	160.95	177.50	206.90	124.09	137.13	151.18	162.46	177.51	99.80	126.40	150.21	161.92	114.24	127.20	182.94

Classic Select Plans (These plans use the DenteMax® network. Members may enjoy discounts by using one of the many dentists within the DenteMax network.)																										
CLASSIC SELECT 1000						Mem	27.89	32.04	34.66	37.53	42.44	47.40	51.25	59.14	37.60	42.74	45.18	47.72	51.25	30.70	36.27	43.82	47.20	33.07	36.51	52.47
YES	\$1,000	100%/70%	80%/70%	60%/50%	60%/50%	Mem + 1	51.50	59.35	64.25	69.63	78.87	88.30	95.48	110.29	69.82	79.65	84.17	88.90	95.48	56.81	67.25	81.51	87.89	61.25	67.71	97.74
						Mem + Fam	80.20	92.71	100.22	108.54	123.14	138.42	149.33	172.40	109.17	125.50	132.13	139.32	149.33	88.74	104.81	127.47	137.55	95.43	105.54	152.74
						Mem	30.77	35.37	38.20	41.30	46.69	52.13	56.33	64.95	41.43	47.07	49.72	52.49	56.33	33.90	39.92	48.17	51.88	36.42	40.18	57.64
CLASSIC SELECT 1500						Mem	30.77	35.37	38.20	41.30	46.69	52.13	56.33	64.95	41.43	47.07	49.72	52.49	56.33	33.90	39.92	48.17	51.88	36.42	40.18	57.64
YES	\$1,500	100%/70%	80%/70%	60%/50%	60%/50%	Mem + 1	56.63	65.28	70.53	76.33	86.45	96.73	104.52	120.64	76.65	87.36	92.25	97.38	104.52	62.53	73.74	89.28	96.23	67.21	74.24	106.96
						Mem + Fam	86.58	100.13	108.04	116.87	132.58	148.96	160.59	185.27	117.71	135.21	142.25	149.92	160.59	95.89	112.86	137.16	147.95	102.84	113.65	164.20
						Mem	32.46	37.32	40.26	43.51	49.20	54.92	59.31	68.37	43.69	49.61	52.39	55.28	59.28	35.79	42.06	50.75	54.64	38.39	42.33	60.68
CLASSIC SELECT 2000						Mem	32.46	37.32	40.26	43.51	49.20	54.92	59.31	68.37	43.69	49.61	52.39	55.28	59.28	35.79	42.06	50.75	54.64	38.39	42.33	60.68
YES	\$2,000	100%/70%	80%/70%	60%/50%	60%/50%	Mem + 1	59.64	68.78	74.23	80.27	90.90	101.70	109.84	126.74	80.65	91.90	97.00	102.38	109.84	65.89	77.55	93.85	101.14	70.71	78.08	112.38
						Mem + Fam	90.33	104.48	112.64	121.77	138.12	155.16	167.22	192.84	122.73	140.92	148.20	156.15	167.22	100.09	117.61	142.85	154.07	107.21	118.42	170.95

Basic Plan																										
BASIC PLAN 500						Mem	26.61	29.97	33.61	37.16	41.74	45.79	50.67	59.22	35.27	38.71	42.91	46.24	50.67	28.22	35.93	42.76	46.14	32.41	36.17	52.29
NO	\$500*	100%	50% [†]	50% [§]	50% [§]	Mem + 1	49.25	55.59	62.45	69.16	77.80	85.47	94.68	110.81	65.57	72.15	80.05	86.32	94.68	52.26	66.85	79.75	86.12	60.18	67.29	97.72
						Mem + Fam	77.58	87.57	98.48	109.15	122.82	135.19	149.68	175.18	103.38	114.31	126.67	136.52	149.68	82.28	105.50	126.06	136.18	94.92	106.19	154.46

Super Select Plan (This plan uses the DenteMax® network. Members may enjoy discounts by using one of the many dentists within the DenteMax network.)																										
SUPER SELECT PLAN 1000						Mem	24.78	28.83	30.60	32.94	37.43	42.16	45.14	51.84	33.78	39.08	40.46	42.40	45.14	27.78	31.81	38.73	41.73	29.13	32.04	46.04
YES	\$1,000	80%/60%	80%/60%¹	50%/40%²	50%/40%²	Mem + 1	45.72	53.37	56.86	61.06	69.51	78.51	84.08	96.69	62.68	72.77	485.16	78.95	84.08	51.38	58.93	72.02	77.67	53.88	59.36	85.77
						Mem + Fam	71.43	83.62	89.00	95.53	108.91	123.50	131.98	151.71	98.32	114.94	118.65	124.15	131.98	80.50	92.18	113.04	121.99	84.25	92.84	134.51

Multiflex Plans for 65 and older – \$75 Single / \$225 Family Calendar Year Deductible Plans

Basic Plus Plans																										
BASIC PLUS PLAN 1000						Mem	33.24	37.50	41.94	46.30	52.03	57.12	63.48	73.73	44.01	48.46	53.58	57.67	63.14	35.33	44.78	53.28	57.48	40.40	45.07	65.10
NO	\$1,000	80%	80%	50%	50%	Mem + 1	60.27	68.13	76.29	84.34	94.88	104.29	115.35	134.84	80.11	88.35	97.78	105.30	115.35	64.11	81.53	97.21	104.94	73.48	82.06	118.97
						Mem + Fam	85.74	96.97	108.84	120.51	135.35	149.42	165.32	193.43	114.30	126.57	140.06	150.88	165.32	91.15	116.48	139.20	150.38	104.85	117.25	170.54
BASIC PLUS PLAN 1500						Mem	37.60	42.41	47.33	52.17	58.58	64.27	70.97	82.78	49.66	54.62	60.32	64.89	70.97	39.98	50.47	59.97	64.65	45.60	50.80	73.15
NO	\$1,500	80%	80%	50%	50%	Mem + 1	67.96	76.75	85.77	94.66	106.40	116.86	129.12	150.76	90.03	99.20	109.64	117.98	129.12	72.29	91.55	108.96	117.56	82.61	92.14	133.12
						Mem + Fam	94.73	107.06	119.93	132.51	149.15	164.14	181.42	212.03	130.41	143.79	158.96	171.07	187.26	104.60	132.62	157.96	170.46	119.62	133.48	193.09
BASIC PLUS PLAN 2000						Mem	40.18	45.29	50.50	55.63	62.44	68.48	75.57	88.11	52.97	58.25	64.29	69.13	75.57	42.72	53.82	63.89	68.87	48.65	54.16	77.89
NO	\$2,000	80%	80%	50%	50%	Mem + 1	72.49	81.81	91.35	100.74	113.19	124.25	137.22	160.13	95.87	105.60	116.62	125.44	137.22	77.11	97.44	115.88	124.98	87.99	98.06	141.45
						Mem + Fam	100.02	112.99	126.44	139.68	157.08	172.81	190.88	222.97	132.76	146.82	162.15	174.45	190.88	106.38	135.05	161.02	173.81	121.79	135.92	196.80

* Calendar year Maximum grows each year for three years. Year One is \$500, Year Two is \$750 and Year Three is \$1,000

† There is no waiting period for Diagnostic & Preventative Services

‡ There is no waiting period for these plans

§ 12 Month Waiting Period rather than the standard 18 Month Waiting Period

Notes: These plans do not offer orthodontia coverage. Rates subject to change. Plans not available in all states.

Rates effective August 1, 2009