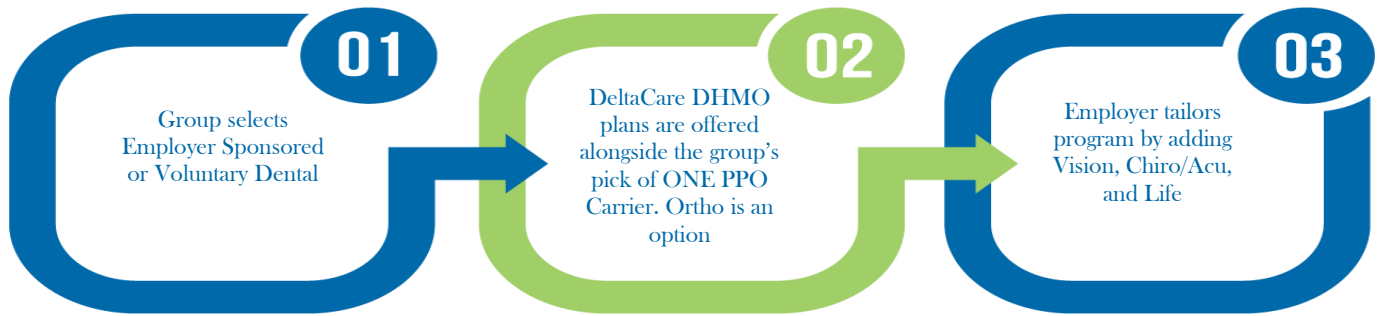


BUILD A PROGRAM IN 3 EASY STEPS


DENTAL (Required) (2 - 500 EE'S)
Representative of In-Network Benefits

DeltaCare DHMO (3 ER. Spon. / 3 Voluntary)

Plans	Bronze, Silver, Gold	Implant Coverage	No Coverage
Network	DeltaCare USA Network	Missing Tooth	Plan COVERS Missing Teeth
Deductible	None - All Plans	Orthodontia	Child Only Included - 2 + Eligible EE's
Major Wait	None - All Plans	SIC Code Rating	None
Cleanings	2 Per Year	Rating Tables	(2-199), (200-500)

Ameritas PPO (3 ER. Spon. / 3 Voluntary Plans)

Plans	Silver, Gold, Platinum	Major Wait	None - All Plans
Network	PPO Network - All Plans	Cleanings	2 Per Year
Annual Benefit	\$1,100 - \$1,600 - \$2,100	Implant Coverage	Yes - Gold and Platinum Only
Benefit Rollover	Yes - All Plans	Missing Tooth	No Coverage
Co-Insurance	(100/80/50), (100/80-90-100/50), (100/75/75)	Orthodontia	Child Only - 5 + Eligible EE's
Deductible	\$50 All Plans - (Waived for Prev.)	SIC Code Rating	None
Out of Network	MAC / UCR 80TH / UCR 80TH	Rate Tables	(2-4), (5-500)

Anthem PPO (3 ER. Spon. / 1 Voluntary Plans)

Plans	Silver, Gold, Platinum	Major Wait	(ER. Spon. - None) (Vol. - 12 months)
Network	Complete Network - All Plans	Cleanings	4 Per Year (2 Regular) (2 Periodontal)
Annual Benefit	\$1,500 - \$2,000 - \$2,500	Implant Coverage	Yes - All Plans
Benefit Rollover	Yes - All Plans	Missing Tooth	No Coverage
Co-Insurance	(100/80/50), (100/90/60), (100/90/60)	Orthodontia	Adult & Child - 10 + Eligible EE's
Deductible	\$50 All Plans - (Waived for Prev.)	SIC Code Rating	Discount (100-199, 1500-4299, 4900-4999)
Out of Network	MAC / UCR 90TH / UCR 90TH	Rate Tables	(2), (3-9), (10-50), (51-100), (101-500)

Delta Dental PPO (3 ER. Spon. / 1 Voluntary Plans)

Plans	Silver, Gold, Platinum	Major Wait	(ER. Spon. - NONE) (Vol. - 12 months)
Network	PPO / PPO / PREMIER	Cleanings	2 Per Year
Annual Benefit	\$1,000 - \$1,500 - \$2,000	Implant Coverage	Yes - All Plans
Benefit Rollover	No	Missing Tooth	Plan Covers Missing Teeth
Co-Insurance	100/80/50 - All Plans	Orthodontia	Child Only - 10 + Enrolled EE's
Deductible	\$50 All Plans - (Waived for Prev.)	SIC Code Rating	Level 1, Level 2, Not Eligible
Out of Network	MAC / MAC / UCR	Rate Tables	(2-199), (200-500)

Metlife PPO (3 ER. Spon. / 1 Voluntary Plans)

Plans	Silver, Platinum, Platinum Plus	Major Wait	None - All Plans
Network	PDP Plus - All Plans	Cleanings	4 Per Year (2 Regular) (2 Periodontal)
Annual Benefit **	\$1,250** - \$2,250** - \$2,500**	Implant Coverage	Yes - All Plans
Benefit Rollover	No	Missing Tooth	No Coverage
Co-Insurance	(100/80/50), (100/80/50), (100/90/50)	Orthodontia	Child Only - 10 + Eligible, 5 + Enrolled EE's
Deductible	\$50, \$25, \$0 - (Waived for Prev.)	SIC Code Rating	None
Out of Network	MAC / UCR 70TH / UCR 90TH	Rate Tables	(2-9), (10-24), (25-49), (50-99), (100-500)

** Annual Benefit Preventative Waiver: Preventative Benefits paid by Carrier, will NOT count towards members Annual Benefit.

VISION (Optional) (2 - 500 EE'S)
Representative of In-Network Benefits

VSP		<i>(3 ER. Spon. / 2 Voluntary)</i>	*** In Lieu of Lenses and Frames	
Plans	Silver, Gold, Platinum		*** Contact Lenses	\$150 Allowance - All Plans
Network	VSP Choice		Benefit Frequency	12/24/24 , 12/12/24 , 12/12/12
Eye Exam	\$20 Copay, \$10 Copay, \$10 Copay		Discounts In Network	20% - 25% on All Products & Enhancements
Frames	\$180 Allowance - All Plans		Laser Surgery	\$250 Per Eye Allowance - All Plans
Lenses Single Vision	\$0 Copay, \$25 Copay, \$25 Copay		Sunglass Benefit	Plano Lense - Non Prescription Members
Lenses Lined BiFocal	\$0 Copay, \$25 Copay, \$25 Copay		SIC Code Rating	None
Lenses Lined TriFocal	\$0 Copay, \$25 Copay, \$25 Copay		Rating Tables	(2-500)
Standard Progressive	\$0 Copay - All Plans			

EyeMed		<i>(3 ER. Spon. / 3 Voluntary Plans)</i>	*** In Lieu of Lenses and Frames	
Plans	Silver, Gold, Platinum		*** Contact Lenses	\$100 , \$130 , \$150 Allowances
Network	Access Network		Benefit Frequency	12/12/12 - All Plans
Eye Exam	\$10 Copay, \$10 Copay, \$0 Copay		Discounts In Network	15% on All Products & Enhancements
Frames	\$100 , \$130 , \$150 Allowances		Laser Surgery	15% Discounts
Lenses Single Vision	\$15 Copay, \$10 Copay, \$0 Copay		Sunglass Benefit	None
Lenses Lined BiFocal	\$15 Copay, \$10 Copay, \$0 Copay		SIC Code Rating	None
Lenses Lined TriFocal	\$15 Copay, \$10 Copay, \$0 Copay		Rating Tables	(2-4), (5-500)
Standard Progressive	\$65 Copay - All Plans			

CHIRO / ACUP. (Optional) (2 - 500 EE'S)

Landmark Health		<i>(2 ER. Spon. / 2 Voluntary Plans)</i>	*** In Network Only Plan, CA. Residents Only	
Plans	Chiro Only , Chiro-Acup.		*** Network	Landmark Healthcare
Chiro New Patient	Max. \$65		Acup. New Patient	Max. \$75
Chiro Follow up Visits	Max \$40 or \$50 (by Provider Location)		Aciup. Follow up Visits	Max. \$75
Radiology	\$27 - \$90 Allowances per X-Ray		SIC Code Rating	None
			Rating Tables	(2-500)

LIFE (Optional) (2 - 500 EE'S)

Assurity Life		<i>(1 ER. Spon. Plan)</i>	** Guaranteed Issue, Increment's of \$5,000	
Plan	Term Life Insurance with AD&D		Disability Waiver	Prior to age 60, benefits to age 65
** Amounts 2 - 10 ee's	\$10,000 - \$25,000		Reduction Schedule	30% at age 70, 60% at age 75
11 - 25 ee's	\$10,000 - \$50,000		Rating Factors	Group Size, SIC Code, Employee's Age & Sex
26 - 199 ee's	\$10,000 - \$75,000			
200 - 500 ee's	\$10,000 - \$150,000			

Case Submission

Group	Forms
Group Size: 2 - 500 Employees / Owners	Employer Application
Office Location in California	Employee Applications
Fed Tax ID # (Not Social)	1st Months Premium (ACH or Check)
Business Checking Account	Late Case Form (Submission on/past Eff. Date)
No Wage or Payroll Reports Needed	No EE Out of State Percentage Restrictions
Owner's Only / Husband-Wife Groups Accepted	No EE Related Percentage Restrictions
Valid Waivers: Group, Med-i-Cal, Med-i-Care	No Current Carrier Replacement Restrictions