



- **New!** PRIME Dentist Network - 8,000 AZ Access Points
- **New!** ONE Composite Rate - Dual & Triple Choice Plans
- No Annual Maximum Plan Option
- Plan Change - Copay ↔ PPO - Section 125 Compliant
- National Dentist Network

The **PRIME Composite Premium Rates** make it easy for groups to choose the right dental benefits for their employees. Even better, members can **Change Plans** once a calendar year with no qualifying event so they can adjust to changes in their lives and families. Best of all, members have **No Annual Maximum** when they enroll on The Copay Plan now or change to the plan later in the year. Better Benefits. All-in-One!

### PRIME All-In-One Dental | Composite Rates on Page Two

| Dental Plans   | The Copay Plan MAC*         | PRIME Plan MAC              |   | PRIME Plan UCR                    |     |
|----------------|-----------------------------|-----------------------------|---|-----------------------------------|-----|
| Why this plan? | No Annual Max/No Deductible | Highest Coinsurance Benefit |   | Dentist Choice – 90 <sup>th</sup> |     |
| Type I         | See schedule                | 100                         | 0 | 100                               | 100 |
| Type II        | See schedule                | 90                          | 0 | 80                                | 80  |
| Type III       | See schedule                | 70                          | 0 | 50                                | 50  |
| Deductible     | <b>No Deductible</b>        | \$50/\$150                  |   | \$50/\$150                        |     |
| Annual Max     | <b>No Annual Maximum</b>    | \$2,000                     |   | \$1,500                           |     |

\*The Copay Plan uses the SecureCare PPO Dentist Network (3700 AZ access points). Prime MAC and Prime UCR Plans use SecureCare Prime Dentist Network (8000 AZ access points). Minimum 5 eligible employees enrolled in total.

### Add Our New “Embedded” Vision Benefit

If a group selects embedded Vision, then all employees enrolling on a dental plan must also enroll on the embedded Vision plan. Premium is lower than stand-alone SecureCare Vision plans. Rates on page two.

#### Premier Vision Plan

**National Network | Frame allowance | \$150 Frequency | 12/12/12 Copays | \$10/\$10**

**Plans shown are from page one plan grid. For more composite benefits please contact us.**

### PRIME All-In-One | Employer Sponsored Rates

| Triple Choice – One Rate | Copay Plan MAC (A5C4) | PRIME Plan MAC (6M37) | PRIME Plan UCR (6011) |
|--------------------------|-----------------------|-----------------------|-----------------------|
| Employee                 |                       | \$ 33.24              |                       |
| Employee + Spouse        |                       | \$ 63.14              |                       |
| Employee + Children      |                       | \$ 78.14              |                       |
| Employee + Family        |                       | \$ 101.21             |                       |

| Dual Choice – One Rate | The Copay Plan MAC (A5C4) | PRIME Plan MAC (6M37) |
|------------------------|---------------------------|-----------------------|
| Employee               |                           | \$ 25.86              |
| Employee + Spouse      |                           | \$ 47.82              |
| Employee + Children    |                           | \$ 59.05              |
| Employee + Family      |                           | \$ 76.48              |

### PRIME All-In-One | Voluntary Rates

| Triple Choice – One Rate | Copay Plan MAC (A5A4) | PRIME MAC (6M80) | PRIME Plan UCR (6046) |
|--------------------------|-----------------------|------------------|-----------------------|
| Employee                 |                       | \$ 36.64         |                       |
| Employee + Spouse        |                       | \$ 68.93         |                       |
| Employee + Children      |                       | \$ 85.31         |                       |
| Employee + Family        |                       | \$ 110.49        |                       |

| Dual Choice – One Rate | The Copay Plan MAC (A5A4) | PRIME Plan MAC (6M80) |
|------------------------|---------------------------|-----------------------|
| Employee               |                           | \$ 27.68              |
| Employee + Spouse      |                           | \$ 52.60              |
| Employee + Children    |                           | \$ 64.96              |
| Employee + Family      |                           | \$ 84.12              |

**Embedded Vision Rates | If an embedded vision is selected, these rates are in addition to dental rates.**

| Embedded Rates*     | Premier Vision Plan |
|---------------------|---------------------|
| Employee            | \$ 5.34             |
| Employee + Spouse   | \$ 9.80             |
| Employee + Children | \$ 9.06             |
| Employee + Family   | \$ 14.01            |

\*Embedded vision rates apply for both employer sponsored and voluntary contribution.