



- **New!** PRIME Dentist Network - 6070 NV 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 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. Best of all, members have **No Annual Maximum** when they enroll on The Copay Plan now or later in the year. Better Benefits. **All-in-One!**

Ready to Enroll! Listed below is a sample of the available PRIME Composite Dental Plans.

Dual and Triple Composite Rates for These Plans are on Page 2.

| Triple Choice | The Copay Plan MAC* | PRIME Plan MAC | | PRIME Plan UCR | |
|----------------|-----------------------------|-----------------------------|---|-----------------------------------|-----|
| Why this plan? | No Annual Max/No Deductible | Highest Coinsurance Benefit | | Dentist Choice – 90 th | |
| 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 | No Deductible | \$50/\$150 | | \$50/\$150 | |
| Annual Max | No Annual Maximum | \$2,000 | | \$1,500 | |

*The Copay Plan uses the SecureCare PPO Dentist Network (2500 NV access points). Prime MAC and Prime UCR Plans use SecureCare Prime Dentist Network (6070 NV access points). Minimum 5 eligible employees enrolled in total.

New “Embedded” Vision Benefit

If a group adds the 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 (A5D4) | PRIME Plan MAC (6M37) | PRIME Plan UCR (6011) |
|--------------------------|-----------------------|-----------------------|-----------------------|
| Employee | | \$ 33.39 | |
| Employee + Spouse | | \$ 63.43 | |
| Employee + Children | | \$ 78.51 | |
| Employee + Family | | \$101.68 | |

| Dual Choice – One Rate | The Copay Plan MAC (A5D4) | PRIME Plan MAC (6M37) |
|------------------------|---------------------------|-----------------------|
| Employee | | \$ 25.98 |
| Employee + Spouse | | \$ 48.04 |
| Employee + Children | | \$ 59.33 |
| Employee + Family | | \$ 76.84 |

PRIME All-In-One | Voluntary Rates

| Triple Choice – One Rate | Copay Plan MAC (A5A4) | PRIME MAC (6M80) | PRIME Plan UCR (6046) |
|--------------------------|-----------------------|------------------|-----------------------|
| Employee | | \$ 36.81 | |
| Employee + Spouse | | \$ 69.25 | |
| Employee + Children | | \$ 83.61 | |
| Employee + Family | | \$108.42 | |

| Dual Choice – One Rate | The Copay Plan MAC (A5A4) | PRIME Plan MAC (6M80) |
|------------------------|---------------------------|-----------------------|
| Employee | | \$ 27.81 |
| Employee + Spouse | | \$ 52.84 |
| Employee + Children | | \$ 65.26 |
| Employee + Family | | \$ 84.52 |

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.