



- **New! ONE Composite Rate - Dual & Triple Choice Plans**
- **No Annual Maximum Option**
- **Plan Change - Copay ↔ PPO - Section 125 Compliant**
- **National Dentist Network - Coast to Coast**
- **One Enrollment and One Premium Bill**

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

Ready to Enroll! Listed here is a sample of the available PPO Composite Dental Plans.

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

Triple Choice	The Copay Plan MAC	The PPO Plan MAC		The PPO 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. Minimum 5 eligible employees enrolled in total.

New “Embedded” Vision Benefit

If a group the adds 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.

All-In-One | Employer Sponsored Rates

Triple Choice – One Rate	Copay Plan MAC (A5C4)	PPO Plan MAC (2MZD)	PPO Plan UCR (2355)
Employee		\$ 31.80	
Employee + Spouse		\$ 60.42	
Employee + Children		\$ 74.77	
Employee + Family		\$ 96.85	

Dual Choice – One Rate	The Copay Plan MAC (A5C4)	The PPO Plan MAC (2MZD)
Employee		\$ 24.75
Employee + Spouse		\$ 45.76
Employee + Children		\$ 56.51
Employee + Family		\$ 73.19

All-In-One | Voluntary Rates

Triple Choice – One Rate	Copay Plan MAC (A5A4)	PPO Plan MAC (2MNO)	PPO Plan UCR (2202)
Employee		\$ 35.06	
Employee + Spouse		\$ 65.96	
Employee + Children		\$ 79.63	
Employee + Family		\$103.26	

Dual Choice – One Rate	The Copay Plan MAC (A5A4)	The PPO Plan MAC (2MNO)
Employee		\$ 26.49
Employee + Spouse		\$ 50.33
Employee + Children		\$ 62.16
Employee + Family		\$ 80.50

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.