

Delaware

Rates for Zips: 197, 198, 199

Effective Date: 7/1/2010 - 9/30/2010

Dental Services	Preventive 1		Preventive 2		Incentive PPO 5		Passive PPO 7		Passive PPO 16		Passive PPO 14		Passive PPO 4	
Deductible (Individual/Family) – does not apply to Preventive & Diagnostic	\$0/\$0		\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150	
Annual Maximum	\$1,000		\$1,000		IN - \$1,500, OUT - \$1,000		\$1,000		\$1,000		\$1,500		\$1,500	
Out of Network Reimbursement	Maximum Allowable Charge		Maximum Allowable Charge		Maximum Allowable Charge		Maximum Allowable Charge		UCR - 90th Percentile		UCR - 90th Percentile		UCR - 90th Percentile	
In and Out of Network	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Preventive & Diagnostic														
Oral Evaluations	100%	100%	100%	100%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%
X Rays	100%	100%	100%	100%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%
Prophylaxis	100%	100%	100%	100%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%
Fluoride Treatment	100%	100%	100%	100%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%
Sealants	100%	100%	100%	100%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%
Space Maintainers	100%	100%	100%	100%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%
Lab/Diagnostic Tests	100%	100%	100%	100%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%
Basic Services														
Restorations	discount*	0%	80%	80%	80%	60%	80%	80%	80%	80%	80%	80%	80%	80%
General Services	discount*	0%	80%	80%	80%	60%	80%	80%	80%	80%	80%	80%	80%	80%
Oral Surgery	discount*	0%	discount*	0%	50%	50%	50%	50%	50%	50%	50%	50%	80%	80%
Periodontics	discount*	0%	discount*	0%	50%	50%	50%	50%	50%	50%	50%	50%	80%	80%
Endodontics	discount*	0%	discount*	0%	50%	50%	50%	50%	50%	50%	50%	50%	80%	80%
Major Services														
Inlays/Onlays/Crowns	discount*	0%	discount*	0%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Dentures & Removable Prosthetics	discount*	0%	discount*	0%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Bridges & Fixed Prosthetics	discount*	0%	discount*	0%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Orthodontic Services (Child Only)														
Orthodontia (Lifetime Maximum)	Not Covered		Not Covered		Not Covered		Not Covered		Not Covered		Not Covered		Not Covered	
Contributory Rates	Plan Code: P101C		Plan Code: P102C		Plan Code: P110C		Plan Code: P104C		Plan Code: P158C		Plan Code: P105C		Plan Code: P106C	
Employee	\$14.26		\$21.44		\$27.87		\$32.16		\$37.74		\$41.59		\$48.88	
Employee + Spouse	\$28.52		\$42.88		\$55.75		\$64.32		\$75.47		\$83.19		\$97.77	
Employee + Child(ren)	\$30.26		\$45.51		\$59.16		\$68.27		\$80.10		\$88.29		\$103.76	
Employee + Family	\$45.87		\$68.97		\$89.67		\$103.46		\$121.39		\$133.81		\$157.26	
Voluntary Rates	Plan Code: P101V		Plan Code: P102V		Plan Code: P110V		Plan Code: P104V		Plan Code: P158V		Plan Code: P105V		N/A	
Employee	\$15.68		\$23.58		\$30.66		\$35.38		\$41.51		\$45.75		N/A	
Employee + Spouse	\$31.37		\$47.17		\$61.32		\$70.75		\$83.02		\$91.51		N/A	
Employee + Child(ren)	\$33.29		\$50.06		\$65.08		\$75.09		\$88.11		\$97.12		N/A	
Employee + Family	\$50.45		\$75.87		\$98.63		\$113.81		\$133.53		\$147.19		N/A	
Virgin Groups** – Use Voluntary Rates	Plan Code: P101W		Plan Code: P102W		Plan Code: P110W		Plan Code: P104W		Plan Code: P158W		Plan Code: P105W		N/A	

Please refer to the plan's Summary of Benefits for a more complete plan description.
 Please refer to your Coventry Dental Underwriting Guidelines for complete quoting requirements and sales instructions.

Contributory Rates require at least 50% employer contribution and 75% participation of eligible employees (50% including spousal waivers)
 *Members receive discounted fees for services provided by a network provider
 **Groups w/o prior coverage (Virgin) are subject to a 12 month waiting period on Endo, Perio, Oral Surgery and all Major Services
 Rates are not valid for groups with overall average enrolled family size of 5 or more
 Standard covered dependents include children to age 19 and full time students to age 25
 Rates are guaranteed for 12 months from the effective date

Run in Claims are NOT paid
 Dental Services covered only in the USA
 Rates assume full case takeover (no slice business)
 70% of eligibles must be located in the service area
 Rates assume Standard Exclusions and Limitations

Delaware

Rates for Zips: 197, 198, 199

Effective Date: 7/1/2010 - 9/30/2010

Dental Services	Preventive 1		Preventive 2		Incentive PPO 6		Incentive PPO 13		Passive PPO 7		Passive PPO 16		Passive PPO 3		Passive PPO 9	
Deductible (Individual/Family) – does not apply to Preventive & Diagnostic	\$0/\$0		\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150	
Annual Maximum	\$1,000		\$1,000		IN - \$1,500, OUT - \$1,000		\$1,000		\$1,000		\$1,000		\$1,000		\$1,500	
Out of Network Reimbursement	Maximum Allowable Charge		Maximum Allowable Charge		Maximum Allowable Charge		UCR - 90th Percentile		Maximum Allowable Charge		UCR - 90th Percentile		UCR - 90th Percentile		UCR - 90th Percentile	
In and Out of Network	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Preventive & Diagnostic																
Oral Evaluations	100%	100%	100%	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%
X Rays	100%	100%	100%	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%
Prophylaxis	100%	100%	100%	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%
Fluoride Treatment	100%	100%	100%	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%
Sealants	100%	100%	100%	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%
Space Maintainers	100%	100%	100%	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%
Lab/Diagnostic Tests	100%	100%	100%	100%	100%	80%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%
Basic Services																
Restorations	discount*	0%	80%	80%	80%	60%	80%	60%	80%	80%	80%	80%	80%	80%	80%	80%
General Services	discount*	0%	80%	80%	80%	60%	80%	60%	80%	80%	80%	80%	80%	80%	80%	80%
Oral Surgery	discount*	0%	discount*	0%	50%	50%	50%	50%	50%	50%	50%	50%	80%	80%	80%	80%
Periodontics	discount*	0%	discount*	0%	50%	50%	50%	50%	50%	50%	50%	50%	80%	80%	80%	80%
Endodontics	discount*	0%	discount*	0%	50%	50%	50%	50%	50%	50%	50%	50%	80%	80%	80%	80%
Major Services																
Inlays/Onlays/Crowns	discount*	0%	discount*	0%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Dentures & Removable Prosthetics	discount*	0%	discount*	0%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Bridges & Fixed Prosthetics	discount*	0%	discount*	0%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Orthodontic Services (Child Only)																
Orthodontia (Lifetime Maximum)	Not Covered		Not Covered		50% to \$1,000		50% to \$1,000		Not Covered		Not Covered		Not Covered		50% to \$1,000	
Contributory Rates	Plan Code: P101C		Plan Code: P102C		Plan Code: P103C		Plan Code: P111C		Plan Code: P104C		Plan Code: P158C		Plan Code: P109C		Plan Code: P113C	
Employee	\$12.73		\$19.14		\$24.89		\$26.42		\$28.72		\$33.69		\$38.29		\$43.65	
Employee + Spouse	\$25.46		\$38.29		\$49.77		\$52.84		\$57.43		\$67.38		\$76.57		\$87.29	
Employee + Child(ren)	\$27.02		\$40.63		\$60.82		\$64.08		\$60.95		\$71.52		\$81.27		\$100.65	
Employee + Family	\$40.95		\$61.58		\$88.06		\$92.99		\$92.38		\$108.39		\$123.17		\$148.41	
Voluntary Rates	Plan Code: P101V		Plan Code: P102V		Plan Code: P103V		Plan Code: P111V		Plan Code: P104V		Plan Code: P158V		N/A		N/A	
Employee	\$14.00		\$21.06		\$27.38		\$29.06		\$31.59		\$37.06		N/A		N/A	
Employee + Spouse	\$28.01		\$42.12		\$54.75		\$58.12		\$63.17		\$74.12		N/A		N/A	
Employee + Child(ren)	\$29.72		\$44.70		\$66.91		\$70.48		\$67.05		\$78.67		N/A		N/A	
Employee + Family	\$45.05		\$67.74		\$96.86		\$102.28		\$101.61		\$119.23		N/A		N/A	
Virgin Groups** – Use Voluntary Rates	Plan Code: P101W		Plan Code: P102W		N/A		N/A		Plan Code: P104W		Plan Code: P158W		N/A		N/A	

Please refer to the plan's Summary of Benefits for a more complete plan description.
 Please refer to your Coventry Dental Underwriting Guidelines for complete quoting requirements and sales instructions.

Contributory Rates require at least 50% employer contribution and 75% participation of eligible employees (50% including spousal waivers)
 *Members receive discounted fees for services provided by a network provider
 **Groups w/o prior coverage (Virgin) are subject to a 12 month waiting period on Endo, Perio, Oral Surgery and all Major Services
 Rates are not valid for groups with overall average enrolled family size of 5 or more
 Standard covered dependents include children to age 19 and full time students to age 25
 Rates are guaranteed for 12 months from the effective date

Run in Claims are NOT paid
 Dental Services covered only in the USA
 Rates assume full case takeover (no slice business)
 70% of eligibles must be located in the service area
 Rates assume Standard Exclusions and Limitations