

Delaware

Rates for Zips: 197, 198, 199

Effective Date: 10/1/2010 - 12/31/2010

Dental Services	Preventive 2		Incentive PPO 5		Preventive/Basic III		Passive PPO 7		Passive PPO 16		Passive PPO 14		Passive PPO 3		Passive PPO 4	
Deductible (Individual/Family) – does not apply to Preventive & Diagnostic	\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150	
Annual Maximum	\$1,000		IN - \$1,500, OUT - \$1,000		\$1,000		\$1,000		\$1,000		\$1,500		\$1,000		\$1,500	
Out of Network Reimbursement	Maximum Allowable Charge		Maximum Allowable Charge		UCR - 90th Percentile		Maximum Allowable Charge		UCR - 90th Percentile		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%	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
X Rays	100%	100%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Prophylaxis	100%	100%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Fluoride Treatment	100%	100%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Sealants	100%	100%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Space Maintainers	100%	100%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Lab/Diagnostic Tests	100%	100%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Basic Services																
Restorations	80%	80%	80%	60%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
General Services	80%	80%	80%	60%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Oral Surgery	discount*	0%	50%	50%	discount*	0%	50%	50%	50%	50%	50%	50%	80%	80%	80%	80%
Periodontics	discount*	0%	50%	50%	discount*	0%	50%	50%	50%	50%	50%	50%	80%	80%	80%	80%
Endodontics	discount*	0%	50%	50%	discount*	0%	50%	50%	50%	50%	50%	50%	80%	80%	80%	80%
Major Services																
Inlays/Onlays/Crowns	discount*	0%	50%	50%	discount*	0%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Dentures & Removable Prosthetics	discount*	0%	50%	50%	discount*	0%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Bridges & Fixed Prosthetics	discount*	0%	50%	50%	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		Not Covered	
Contributory Rates																
	Plan Code: P102C		Plan Code: P110C		Plan Code: P117C		Plan Code: P104C		Plan Code: P158C		Plan Code: P105C		Plan Code: P109C		Plan Code: P106C	
Employee	\$22.82		\$29.66		\$30.03		\$34.23		\$40.16		\$44.27		\$45.64		\$52.03	
Employee + Spouse	\$45.64		\$59.33		\$60.06		\$68.46		\$80.32		\$88.54		\$91.28		\$104.05	
Employee + Child(ren)	\$48.44		\$62.97		\$63.74		\$72.65		\$85.25		\$93.97		\$96.87		\$110.44	
Employee + Family	\$73.41		\$95.43		\$96.61		\$110.11		\$129.20		\$142.41		\$146.82		\$167.37	
Voluntary Rates																
	Plan Code: P102V		Plan Code: P110V		Plan Code: P117V		Plan Code: P104V		Plan Code: P158V		Plan Code: P105V		N/A		N/A	
Employee	\$25.10		\$32.63		\$33.03		\$37.65		\$44.18		\$48.70		N/A		N/A	
Employee + Spouse	\$50.20		\$65.26		\$66.07		\$75.30		\$88.36		\$97.39		N/A		N/A	
Employee + Child(ren)	\$53.28		\$69.26		\$70.12		\$79.92		\$93.77		\$103.36		N/A		N/A	
Employee + Family	\$80.75		\$104.97		\$106.27		\$121.12		\$142.12		\$156.65		N/A		N/A	
Virgin Groups** – Use Voluntary Rates																
	Plan Code: P102W		Plan Code: P110W		Plan Code: P117W		Plan Code: P104W		Plan Code: P158W		Plan Code: P105W		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 may be eligible for discounts on non-covered services provided by network providers in those states that allow for such contractual arrangements under the network provider contracts

** 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 26 and full time students to age 26

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

Groups with one (1) eligible life must have a valid Tax ID number

For the following industries: Medical and Dental Laboratories, Offices and Clinics of Medical Doctors and Dentists, Hospitals, Health Services, Educational Services and Schools – please use voluntary rates.
Underwritten by Coventry Health and Life Insurance Company

Delaware

Rates for Zips: 197, 198, 199

Effective Date: 10/1/2010 - 12/31/2010

Dental Services	Preventive 2		Incentive PPO 13		Passive PPO 7		Passive PPO 16		Passive PPO 14		Passive PPO 3		Passive PPO 4		Passive PPO 9	
Deductible (Individual/Family) – does not apply to Preventive & Diagnostic	\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150	
Annual Maximum	\$1,000		\$1,000		\$1,000		\$1,000		\$1,500		\$1,000		\$1,500		\$1,500	
Out of Network Reimbursement	Maximum Allowable Charge		UCR - 90th Percentile		Maximum Allowable Charge		UCR - 90th Percentile		UCR - 90th Percentile		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%	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
X Rays	100%	100%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Prophylaxis	100%	100%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Fluoride Treatment	100%	100%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Sealants	100%	100%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
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Orthodontic Services (Child Only)																
Orthodontia (Lifetime Maximum)	Not Covered		50% to \$1,000		Not Covered		Not Covered		Not Covered		Not Covered		Not Covered		50% to \$1,000	
Contributory Rates	Plan Code: P102C		Plan Code: P111C		Plan Code: P104C		Plan Code: P158C		Plan Code: P105C		Plan Code: P109C		Plan Code: P106C		Plan Code: P113C	
Employee	\$20.37		\$28.12		\$30.56		\$35.86		\$39.53		\$40.75		\$46.45		\$46.45	
Employee + Spouse	\$40.75		\$56.23		\$61.12		\$71.72		\$79.05		\$81.50		\$92.91		\$92.91	
Employee + Child(ren)	\$43.25		\$67.68		\$64.87		\$76.11		\$83.90		\$86.49		\$98.60		\$106.60	
Employee + Family	\$65.54		\$98.45		\$98.31		\$115.36		\$127.15		\$131.09		\$149.44		\$157.44	
Voluntary Rates	Plan Code: P102V		Plan Code: P111V		Plan Code: P104V		Plan Code: P158V		Plan Code: P105V		N/A		N/A		N/A	
Employee	\$22.41		\$30.93		\$33.62		\$39.44		\$43.48		N/A		N/A		N/A	
Employee + Spouse	\$44.82		\$61.86		\$67.23		\$78.89		\$86.96		N/A		N/A		N/A	
Employee + Child(ren)	\$47.57		\$74.45		\$71.36		\$83.73		\$92.29		N/A		N/A		N/A	
Employee + Family	\$72.10		\$108.29		\$108.15		\$126.89		\$139.87		N/A		N/A		N/A	
Virgin Groups** – Use Voluntary Rates	Plan Code: P102W		N/A		Plan Code: P104W		Plan Code: P158W		Plan Code: P105W		N/A		N/A		N/A	

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