

DENTAL INSURANCE
BID OPENING 8-24-10

DELTA DENTAL			
Product	PPO Dentist	Premier Dentist	Non-Participating Dentist
Plan Features	based on a reduced fee schedule - no balance billing	based on a contractual agreement - no balance billing	based on Delta's maximum plan allowance; balance billing is possible
Coverages			
Preventive & Diagnostic Services	100%	100%	100%
Basic Services	80%	80%	80%
Major Services	50%	50%	50%
Orthodontic Services	50%	50%	50%
Calendar Year Deductible (Applies to Basic & Major Services only)	\$50 per person/\$150 family limit		
Calendar Year Benefit Maximum	\$1000 per person		
Lifetime Orthodontic Maximum	\$1000 per person		
Dependent Age Limit	end of the year in which your dependent turns 26		
Orthodontia Eligibility	up to age 19		
RATES			
Employee	\$27.66		
Employee & Spouse	\$58.27		
Employee & Child(ren)	\$72.02		
Employee & Family	\$102.62		

UNITEDHEALTHCARE SPECIALTY BENEFITS			
Product	Passive PPO Custom		
Plan Features	In Network & Out of Network		
Coverages			
Preventive & Diagnostic Services	100%		
Basic Services	80%		
Major Services	50%		
Orthodontic Services	50%		
Orthodontia Eligibility	up to age 19		
Calendar Year Deductible (Applies to Basic & Major Services only)	\$50 per person/\$150 family limit		
Calendar Year Benefit Maximum	\$1000 per person		
Lifetime Orthodontic Maximum	\$1000 per person		
Dependent Age Limit	end of the year in which your dependent turns 26		
RATES			
Employee	\$27.65		
Employee & Spouse	\$58.26		
Employee & Child(ren)	\$72.01		
Employee & Family	\$102.61		

GHP			
Product	Passive PPO I		
Plan Features	In Network & Out of Network		
Coverages			
Preventive & Diagnostic Services	100%		
Basic Services	80%		
Major Services	50%		
Orthodontic Services	50%		
Orthodontia Eligibility	up to age 19		
Calendar Year Deductible (Applies to Diagnostic, Basic & Major Services only)	\$50 per person/\$150 family limit		
Calendar Year Benefit Maximum	\$1000 per person		
Lifetime Orthodontic Maximum	\$1000 per person		
Dependent Age Limit	end of the year in which your dependent turns 26		
RATES			
Employee	\$31.51		
Employee & Spouse	\$63.02		
Employee & Child(ren)	\$77.18		
Employee & Family	\$108.69		

ESSEX DENTAL			
Product	PPO I	PPO II	
Plan Features	In Network & Out of Network	In Network & Out of Network	
Coverages			
Preventive & Diagnostic Services	100%	100%	
Basic Services	80%	90%	
Major Services	50%	80%	
Orthodontic Services	50%	60%	
Orthodontia Eligibility	up to age 19	up to age 19	
Calendar Year Deductible (Applies to Basic & Major Services only)	\$50 per person/\$150 family limit	\$50 per person/\$150 family limit	
Calendar Year Benefit Maximum	\$1000 per person	\$1200 per person	
Lifetime Orthodontic Maximum	\$1000 per person	\$1500 per person	
Dependent Age Limit	end of the year in which your dependent turns 26	end of the year in which your dependent turns 26	
RATES	5% rate cap on 2nd year		
Employee	\$25.95	\$31.22	
Employee & Spouse	\$53.85	\$63.69	
Employee & Child(ren)	\$69.16	\$81.55	
Employee & Family	\$95.44	\$114.02	
Late entrant limitation- Basic, Major & Orthodontic Services not covered for first 12 months			

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ANTHEM DENTAL

Product	Option A	Option B	
Plan Features	In Network & Out of Network	In Network & Out of Network	
Coverages			
Preventive & Diagnostic Services	100%	100%	
Basic Services	80%	90%	
Major Services	50%	80%	
Orthodontic Services	50%	60%	
Orthodontia Eligibility	children & adults	children & adults	
Calendar Year Deductible (Applies to Basic & Major Services only)	\$50 per person/\$150 family limit	\$50 per person/\$150 family limit	
Calendar Year Benefit Maximum	\$1000 per person	\$1200 per person	
Lifetime Orthodontic Maximum	\$1000 per person	\$1500 per person	
Dependent Age Limit	end of the year in which your dependent turns 26	end of the year in which your dependent turns 26	
RATES			
Employee	\$31.24	\$38.83	
Employee & Spouse	\$62.48	\$77.66	
Employee & Child(ren)	\$74.98	\$93.20	
Employee & Family	\$107.78	\$133.97	

AMERITAS DENTAL

Product	Plan 1 passive PPO		
Plan Features	In Network & Out of Network		
Coverages			
Preventive & Diagnostic Services	100%		
Basic Services	80%		
Major Services	50%		
Orthodontic Services	50%		
Orthodontia Eligibility	children & adults		
Calendar Year Deductible (Applies to Basic & Major Services only)	\$50 per person/\$150 family limit		
Calendar Year Benefit Maximum	\$1000 per person		
Lifetime Orthodontic Maximum	\$1000 per person		
Dependent Age Limit	end of the year in which your dependent turns 26		
RATES			
Employee	\$27.80		
Employee & Spouse	\$58.57		
Employee & Child(ren)	\$72.39		
Employee & Family	\$103.15		

DENTAL INSURANCE
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BBS -- FORT DEARBORN AS CARRIER

Product	Plan 1 passive PPO		
Plan Features	In Network & Out of Network		
Coverages			
Preventive & Diagnostic Services	100%		
Basic Services	80%		
Major Services	50%		
Orthodontic Services	50%		
Orthodontia Eligibility	children & adults		
Calendar Year Deductible (Applies to Basic & Major Services only)	\$50 per person/\$150 family limit		
Calendar Year Benefit Maximum	\$1000 per person		
Lifetime Orthodontic Maximum	\$1000 per person		
Dependent Age Limit	end of the year in which your dependent turns 25		
RATES			
Employee	\$26.32		
Employee & Spouse	\$55.46		
Employee & Child(ren)	\$68.55		
Employee & Family	\$97.68		

BBS -- GUARDIAN AS CARRIER

Product	Plan 1 -- PX	Plan 2 -- ZZ	
Plan Features	Any Dentist	In network Only/Out of network	
Coverages			
Preventive & Diagnostic Services	100%	100% / 50%	
Basic Services	80%	100% / 50%	
Major Services	50%	60% / 50%	
Orthodontic Services	50%	50%	
Orthodontia Eligibility	children	children	
Calendar Year Deductible (Applies to Basic & Major Services only)	\$50 per person/\$150 family limit	\$0 per person/NA	
Calendar Year Benefit Maximum	\$1000 per person	\$1000 per person	
Lifetime Orthodontic Maximum	\$1000 per person	\$1000 per person	
Dependent Age Limit	end of the year in which your dependent turns 25	end of the year in which your dependent turns 25	
RATES	9% renewal cap	9% renewal cap	
Employee	\$24.78	\$24.78	
Employee & Spouse	\$52.20	\$52.20	
Employee & Child(ren)	\$64.53	\$64.53	
Employee & Family	\$91.95	\$91.95	