

BASE RATES FOR ALLIED™ DENTAL DESIGN EFFECTIVE 1/1/2009 through 12/31/2009

RATES FOR AREA **A** (Enter A through J for your area)

		INDEMNITY PLAN			
		Non-Takeover Rates		Takeover Rates	
GROUP SIZE		No Ortho	Ortho	No Ortho	Ortho
2 Lives	EE	\$22	\$22	\$26	\$26
	EE+SP	\$44	\$44	\$52	\$52
	EE+CH	\$51	\$71	\$61	\$84
	FAM	\$73	\$93	\$87	\$110

		INDEMNITY PLAN			
		Non-Takeover Rates		Takeover Rates	
GROUP SIZE		No Ortho	Ortho	No Ortho	Ortho
3 TO 4	EE	\$20	\$20	\$24	\$24
	EE+SP	\$40	\$40	\$48	\$48
	EE+CH	\$46	\$65	\$56	\$78
	FAM	\$66	\$85	\$80	\$102

		INDEMNITY PLAN			
		Non-Takeover Rates		Takeover Rates	
GROUP SIZE		No Ortho	Ortho	No Ortho	Ortho
5 TO 9	EE	\$18	\$18	\$22	\$22
	EE+SP	\$36	\$36	\$44	\$44
	EE+CH	\$42	\$59	\$51	\$71
	FAM	\$60	\$77	\$73	\$93

		INDEMNITY PLAN			
		Non-Takeover Rates		Takeover Rates	
GROUP SIZE		No Ortho	Ortho	No Ortho	Ortho
10+	EE	\$17	\$17	\$21	\$21
	EE+SP	\$34	\$34	\$42	\$42
	EE+CH	\$40	\$56	\$48	\$67
	FAM	\$57	\$73	\$69	\$88

NOTES:

\$75 Calendar Year Deductible

\$1000 Annual Max

Takeover rates assume a six month wait for basic services

Ortho Rate assumes \$1000 ortho lifetime benefit

BASE RATES FOR ALLIED™ DENTAL DESIGN EFFECTIVE 1/1/2009 through 12/31/2009

RATES FOR AREA **B** (Enter A through J for your area)

		INDEMNITY PLAN			
		Non-Takeover Rates		Takeover Rates	
GROUP SIZE		No Ortho	Ortho	No Ortho	Ortho
2 Lives	EE	\$23	\$23	\$27	\$27
	EE+SP	\$46	\$46	\$54	\$54
	EE+CH	\$54	\$74	\$64	\$87
	FAM	\$77	\$97	\$91	\$114

		INDEMNITY PLAN			
		Non-Takeover Rates		Takeover Rates	
GROUP SIZE		No Ortho	Ortho	No Ortho	Ortho
3 TO 4	EE	\$21	\$21	\$25	\$25
	EE+SP	\$42	\$42	\$50	\$50
	EE+CH	\$50	\$69	\$59	\$81
	FAM	\$71	\$90	\$84	\$106

		INDEMNITY PLAN			
		Non-Takeover Rates		Takeover Rates	
GROUP SIZE		No Ortho	Ortho	No Ortho	Ortho
5 TO 9	EE	\$19	\$19	\$23	\$23
	EE+SP	\$38	\$38	\$46	\$46
	EE+CH	\$45	\$62	\$54	\$74
	FAM	\$64	\$81	\$77	\$97

		INDEMNITY PLAN			
		Non-Takeover Rates		Takeover Rates	
GROUP SIZE		No Ortho	Ortho	No Ortho	Ortho
10+	EE	\$18	\$18	\$22	\$22
	EE+SP	\$36	\$36	\$44	\$44
	EE+CH	\$43	\$59	\$52	\$71
	FAM	\$61	\$77	\$74	\$93

NOTES:

\$75 Calendar Year Deductible

\$1000 Annual Max

Takeover rates assume a six month wait for basic services

Ortho Rate assumes \$1000 ortho lifetime benefit

BASE RATES FOR ALLIED™ DENTAL DESIGN EFFECTIVE 1/1/2009 through 12/31/2009

RATES FOR AREA **C** (Enter A through J for your area)

		INDEMNITY PLAN			
		Non-Takeover Rates		Takeover Rates	
GROUP SIZE		No Ortho	Ortho	No Ortho	Ortho
2 Lives	EE	\$25	\$25	\$30	\$30
	EE+SP	\$50	\$50	\$60	\$60
	EE+CH	\$57	\$77	\$69	\$92
	FAM	\$82	\$102	\$99	\$122

		INDEMNITY PLAN			
		Non-Takeover Rates		Takeover Rates	
GROUP SIZE		No Ortho	Ortho	No Ortho	Ortho
3 TO 4	EE	\$23	\$23	\$28	\$28
	EE+SP	\$46	\$46	\$56	\$56
	EE+CH	\$53	\$72	\$64	\$86
	FAM	\$76	\$95	\$92	\$114

		INDEMNITY PLAN			
		Non-Takeover Rates		Takeover Rates	
GROUP SIZE		No Ortho	Ortho	No Ortho	Ortho
5 TO 9	EE	\$21	\$21	\$25	\$25
	EE+SP	\$42	\$42	\$50	\$50
	EE+CH	\$48	\$65	\$57	\$77
	FAM	\$69	\$86	\$82	\$102

		INDEMNITY PLAN			
		Non-Takeover Rates		Takeover Rates	
GROUP SIZE		No Ortho	Ortho	No Ortho	Ortho
10+	EE	\$20	\$20	\$24	\$24
	EE+SP	\$40	\$40	\$48	\$48
	EE+CH	\$46	\$62	\$55	\$74
	FAM	\$66	\$82	\$79	\$98

NOTES:

\$75 Calendar Year Deductible

\$1000 Annual Max

Takeover rates assume a six month wait for basic services

Ortho Rate assumes \$1000 ortho lifetime benefit

BASE RATES FOR ALLIED™ DENTAL DESIGN EFFECTIVE 1/1/2009 through 12/31/2009

RATES FOR AREA **D** (Enter A through J for your area)

		INDEMNITY PLAN			
		Non-Takeover Rates		Takeover Rates	
GROUP SIZE		No Ortho	Ortho	No Ortho	Ortho
2 Lives	EE	\$26	\$26	\$32	\$32
	EE+SP	\$52	\$52	\$64	\$64
	EE+CH	\$63	\$83	\$77	\$100
	FAM	\$89	\$109	\$109	\$132

		INDEMNITY PLAN			
		Non-Takeover Rates		Takeover Rates	
GROUP SIZE		No Ortho	Ortho	No Ortho	Ortho
3 TO 4	EE	\$24	\$24	\$29	\$29
	EE+SP	\$48	\$48	\$58	\$58
	EE+CH	\$58	\$77	\$70	\$92
	FAM	\$82	\$101	\$99	\$121

		INDEMNITY PLAN			
		Non-Takeover Rates		Takeover Rates	
GROUP SIZE		No Ortho	Ortho	No Ortho	Ortho
5 TO 9	EE	\$22	\$22	\$26	\$26
	EE+SP	\$44	\$44	\$52	\$52
	EE+CH	\$53	\$70	\$63	\$83
	FAM	\$75	\$92	\$89	\$109

		INDEMNITY PLAN			
		Non-Takeover Rates		Takeover Rates	
GROUP SIZE		No Ortho	Ortho	No Ortho	Ortho
10+	EE	\$21	\$21	\$25	\$25
	EE+SP	\$42	\$42	\$50	\$50
	EE+CH	\$50	\$66	\$60	\$79
	FAM	\$71	\$87	\$85	\$104

NOTES:

\$75 Calendar Year Deductible

\$1000 Annual Max

Takeover rates assume a six month wait for basic services

Ortho Rate assumes \$1000 ortho lifetime benefit

BASE RATES FOR ALLIED™ DENTAL DESIGN EFFECTIVE 1/1/2009 through 12/31/2009

RATES FOR AREA **E** (Enter A through J for your area)

		INDEMNITY PLAN			
		Non-Takeover Rates		Takeover Rates	
GROUP SIZE		No Ortho	Ortho	No Ortho	Ortho
2 Lives	EE	\$29	\$29	\$35	\$35
	EE+SP	\$58	\$58	\$70	\$70
	EE+CH	\$69	\$89	\$83	\$106
	FAM	\$98	\$118	\$118	\$141

		INDEMNITY PLAN			
		Non-Takeover Rates		Takeover Rates	
GROUP SIZE		No Ortho	Ortho	No Ortho	Ortho
3 TO 4	EE	\$26	\$26	\$32	\$32
	EE+SP	\$52	\$52	\$64	\$64
	EE+CH	\$62	\$81	\$76	\$98
	FAM	\$88	\$107	\$108	\$130

		INDEMNITY PLAN			
		Non-Takeover Rates		Takeover Rates	
GROUP SIZE		No Ortho	Ortho	No Ortho	Ortho
5 TO 9	EE	\$24	\$24	\$29	\$29
	EE+SP	\$48	\$48	\$58	\$58
	EE+CH	\$57	\$74	\$69	\$89
	FAM	\$81	\$98	\$98	\$118

		INDEMNITY PLAN			
		Non-Takeover Rates		Takeover Rates	
GROUP SIZE		No Ortho	Ortho	No Ortho	Ortho
10+	EE	\$23	\$23	\$27	\$27
	EE+SP	\$46	\$46	\$54	\$54
	EE+CH	\$54	\$70	\$65	\$84
	FAM	\$77	\$93	\$92	\$111

NOTES:

\$75 Calendar Year Deductible

\$1000 Annual Max

Takeover rates assume a six month wait for basic services

Ortho Rate assumes \$1000 ortho lifetime benefit

BASE RATES FOR ALLIED™ DENTAL DESIGN EFFECTIVE 1/1/2009 through 12/31/2009

RATES FOR AREA **F** (Enter A through J for your area)

		INDEMNITY PLAN			
		Non-Takeover Rates		Takeover Rates	
GROUP SIZE		No Ortho	Ortho	No Ortho	Ortho
2 Lives	EE	\$31	\$31	\$37	\$37
	EE+SP	\$62	\$62	\$74	\$74
	EE+CH	\$72	\$92	\$86	\$109
	FAM	\$103	\$123	\$123	\$146

		INDEMNITY PLAN			
		Non-Takeover Rates		Takeover Rates	
GROUP SIZE		No Ortho	Ortho	No Ortho	Ortho
3 TO 4	EE	\$29	\$29	\$34	\$34
	EE+SP	\$58	\$58	\$68	\$68
	EE+CH	\$66	\$85	\$79	\$101
	FAM	\$95	\$114	\$113	\$135

		INDEMNITY PLAN			
		Non-Takeover Rates		Takeover Rates	
GROUP SIZE		No Ortho	Ortho	No Ortho	Ortho
5 TO 9	EE	\$26	\$26	\$31	\$31
	EE+SP	\$52	\$52	\$62	\$62
	EE+CH	\$60	\$77	\$72	\$92
	FAM	\$86	\$103	\$103	\$123

		INDEMNITY PLAN			
		Non-Takeover Rates		Takeover Rates	
GROUP SIZE		No Ortho	Ortho	No Ortho	Ortho
10+	EE	\$25	\$25	\$30	\$30
	EE+SP	\$50	\$50	\$60	\$60
	EE+CH	\$57	\$73	\$69	\$88
	FAM	\$82	\$98	\$99	\$118

NOTES:

\$75 Calendar Year Deductible

\$1000 Annual Max

Takeover rates assume a six month wait for basic services

Ortho Rate assumes \$1000 ortho lifetime benefit

BASE RATES FOR ALLIED™ DENTAL DESIGN EFFECTIVE 1/1/2009 through 12/31/2009

RATES FOR AREA **G** (Enter A through J for your area)

		INDEMNITY PLAN			
		Non-Takeover Rates		Takeover Rates	
GROUP SIZE		No Ortho	Ortho	No Ortho	Ortho
2 Lives	EE	\$32	\$32	\$39	\$39
	EE+SP	\$64	\$64	\$78	\$78
	EE+CH	\$75	\$95	\$91	\$114
	FAM	\$107	\$127	\$130	\$153

		INDEMNITY PLAN			
		Non-Takeover Rates		Takeover Rates	
GROUP SIZE		No Ortho	Ortho	No Ortho	Ortho
3 TO 4	EE	\$30	\$30	\$36	\$36
	EE+SP	\$60	\$60	\$72	\$72
	EE+CH	\$70	\$89	\$84	\$106
	FAM	\$100	\$119	\$120	\$142

		INDEMNITY PLAN			
		Non-Takeover Rates		Takeover Rates	
GROUP SIZE		No Ortho	Ortho	No Ortho	Ortho
5 TO 9	EE	\$27	\$27	\$32	\$32
	EE+SP	\$54	\$54	\$64	\$64
	EE+CH	\$63	\$80	\$75	\$95
	FAM	\$90	\$107	\$107	\$127

		INDEMNITY PLAN			
		Non-Takeover Rates		Takeover Rates	
GROUP SIZE		No Ortho	Ortho	No Ortho	Ortho
10+	EE	\$26	\$26	\$31	\$31
	EE+SP	\$52	\$52	\$62	\$62
	EE+CH	\$60	\$76	\$72	\$91
	FAM	\$86	\$102	\$103	\$122

NOTES:

\$75 Calendar Year Deductible

\$1000 Annual Max

Takeover rates assume a six month wait for basic services

Ortho Rate assumes \$1000 ortho lifetime benefit

BASE RATES FOR ALLIED™ DENTAL DESIGN EFFECTIVE 1/1/2009 through 12/31/2009

RATES FOR AREA **H** (Enter A through J for your area)

		INDEMNITY PLAN			
		Non-Takeover Rates		Takeover Rates	
GROUP SIZE		No Ortho	Ortho	No Ortho	Ortho
2 Lives	EE	\$36	\$36	\$43	\$43
	EE+SP	\$72	\$72	\$86	\$86
	EE+CH	\$83	\$103	\$99	\$122
	FAM	\$119	\$139	\$142	\$165

		INDEMNITY PLAN			
		Non-Takeover Rates		Takeover Rates	
GROUP SIZE		No Ortho	Ortho	No Ortho	Ortho
3 TO 4	EE	\$33	\$33	\$40	\$40
	EE+SP	\$66	\$66	\$80	\$80
	EE+CH	\$76	\$95	\$91	\$113
	FAM	\$109	\$128	\$131	\$153

		INDEMNITY PLAN			
		Non-Takeover Rates		Takeover Rates	
GROUP SIZE		No Ortho	Ortho	No Ortho	Ortho
5 TO 9	EE	\$30	\$30	\$36	\$36
	EE+SP	\$60	\$60	\$72	\$72
	EE+CH	\$69	\$86	\$83	\$103
	FAM	\$99	\$116	\$119	\$139

		INDEMNITY PLAN			
		Non-Takeover Rates		Takeover Rates	
GROUP SIZE		No Ortho	Ortho	No Ortho	Ortho
10+	EE	\$29	\$29	\$34	\$34
	EE+SP	\$58	\$58	\$68	\$68
	EE+CH	\$66	\$82	\$78	\$97
	FAM	\$95	\$111	\$112	\$131

NOTES:

\$75 Calendar Year Deductible

\$1000 Annual Max

Takeover rates assume a six month wait for basic services

Ortho Rate assumes \$1000 ortho lifetime benefit

BASE RATES FOR ALLIED™ DENTAL DESIGN EFFECTIVE 1/1/2009 through 12/31/2009

RATES FOR AREA **I** (Enter A through J for your area)

		INDEMNITY PLAN			
		Non-Takeover Rates		Takeover Rates	
GROUP SIZE		No Ortho	Ortho	No Ortho	Ortho
2 Lives	EE	\$37	\$37	\$45	\$45
	EE+SP	\$74	\$74	\$90	\$90
	EE+CH	\$90	\$110	\$108	\$131
	FAM	\$127	\$147	\$153	\$176

		INDEMNITY PLAN			
		Non-Takeover Rates		Takeover Rates	
GROUP SIZE		No Ortho	Ortho	No Ortho	Ortho
3 TO 4	EE	\$34	\$34	\$41	\$41
	EE+SP	\$68	\$68	\$82	\$82
	EE+CH	\$82	\$101	\$99	\$121
	FAM	\$116	\$135	\$140	\$162

		INDEMNITY PLAN			
		Non-Takeover Rates		Takeover Rates	
GROUP SIZE		No Ortho	Ortho	No Ortho	Ortho
5 TO 9	EE	\$31	\$31	\$37	\$37
	EE+SP	\$62	\$62	\$74	\$74
	EE+CH	\$75	\$92	\$90	\$110
	FAM	\$106	\$123	\$127	\$147

		INDEMNITY PLAN			
		Non-Takeover Rates		Takeover Rates	
GROUP SIZE		No Ortho	Ortho	No Ortho	Ortho
10+	EE	\$29	\$29	\$35	\$35
	EE+SP	\$58	\$58	\$70	\$70
	EE+CH	\$71	\$87	\$85	\$104
	FAM	\$100	\$116	\$120	\$139

NOTES:

\$75 Calendar Year Deductible

\$1000 Annual Max

Takeover rates assume a six month wait for basic services

Ortho Rate assumes \$1000 ortho lifetime benefit

BASE RATES FOR ALLIED™ DENTAL DESIGN EFFECTIVE 1/1/2009 through 12/31/2009

RATES FOR AREA **J** (Enter A through J for your area)

		INDEMNITY PLAN			
		Non-Takeover Rates		Takeover Rates	
GROUP SIZE		No Ortho	Ortho	No Ortho	Ortho
2 Lives	EE	\$41	\$41	\$49	\$49
	EE+SP	\$82	\$82	\$98	\$98
	EE+CH	\$99	\$119	\$118	\$141
	FAM	\$140	\$160	\$167	\$190

		INDEMNITY PLAN			
		Non-Takeover Rates		Takeover Rates	
GROUP SIZE		No Ortho	Ortho	No Ortho	Ortho
3 TO 4	EE	\$37	\$37	\$45	\$45
	EE+SP	\$74	\$74	\$90	\$90
	EE+CH	\$90	\$109	\$108	\$130
	FAM	\$127	\$146	\$153	\$175

		INDEMNITY PLAN			
		Non-Takeover Rates		Takeover Rates	
GROUP SIZE		No Ortho	Ortho	No Ortho	Ortho
5 TO 9	EE	\$34	\$34	\$41	\$41
	EE+SP	\$68	\$68	\$82	\$82
	EE+CH	\$82	\$99	\$99	\$119
	FAM	\$116	\$133	\$140	\$160

		INDEMNITY PLAN			
		Non-Takeover Rates		Takeover Rates	
GROUP SIZE		No Ortho	Ortho	No Ortho	Ortho
10+	EE	\$32	\$32	\$39	\$39
	EE+SP	\$64	\$64	\$78	\$78
	EE+CH	\$78	\$94	\$94	\$113
	FAM	\$110	\$126	\$133	\$152

NOTES:

\$75 Calendar Year Deductible

\$1000 Annual Max

Takeover rates assume a six month wait for basic services

Ortho Rate assumes \$1000 ortho lifetime benefit