

Nationwide MultiflexSM Dental Plans INDEMNITY RATE GUIDE

STEP 1 THE RATE COLUMN FINDER

1. Find your state within the finder.
2. In the column beside your state, locate the first three numbers of your zip code.
3. The third column contains your rate column number.
4. Use the rate column number to locate the associated rate column on the Monthly Premium Rate Table. This column contains your rates for all offered dental plans.

STEP 2 MONTHLY PREMIUM RATE TABLES

1. Find the Monthly Premium Rate Table(s) that corresponds with the member's age.
2. Locate your rate column. (Find your rate column by using the Rate Column Finder.)
3. Then, select your coverage type (Member, Member + One or Member + Family).
4. Your Monthly premium is the rate shown within your Rate Column and your selected row of coverage.

MultiflexSM INDEMNITY BENEFIT/RATE GUIDE

Deductible Waived In-Network Preventative	Calendar Year Max	Diagnostic & Preventative Services†	Minor Restorative Services (6 Month Waiting Period)	Oral Surgery, Endodontic & Periodontal Services (18 Month Waiting Period)	Prosthetic Services (18 Month Waiting Period)
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Regional Rates							
(Find your zipcode in the Rate Column Finder on the back of this Rate Guide. Use your local Rate Column Number to identify your Rate Column below. Your Rate Column below contains all your rates for all offered plans.)							
Coverage	Rate Column 1	Rate Column 2	Rate Column 3	Rate Column 4	Rate Column 5	Rate Column 6	Rate Column 7

Rate Column Finder

ST	ZIP	RT
MA	010-011	5
	012	4
	014	5
	021-022	7
	024	7
	027	5
	055	1
	All other	6
NC	271	5
	275-277	5
	280-281	5
	282	6
	All other	4
NJ	071	4
	073	4
	074	6
	076	6
	078	6
	079	7
	080-083	4
	084	3
085	6	
087	4	
VA	201	5
	220-221	5
	222	6
	223	5
	225	3
	239	3
	242-243	2
	244-245	3
246	2	
All other	4	
All Other States		
Please see Multiflex Rate Guide SHM-0407AO		

Multiflex Plans for Under Age 65 – \$50 Single / \$150 Family Calendar Year Deductible Plans

Classic Plans													
CLASSIC 1000						Mem	29.87	33.48	37.43	41.28	46.24	50.66	55.91
NO	\$1,000	80%	80%	50%	50%	Mem + 1	55.38	62.20	69.66	76.93	86.29	94.67	104.57
CLASSIC 1500						Mem + Fam	87.39	98.16	110.04	121.61	136.46	149.95	165.58
NO	\$1,500	80%	80%	50%	50%	Mem	32.78	36.74	41.02	45.19	50.60	55.42	61.12
CLASSIC 2000						Mem + 1	60.57	68.01	76.06	83.89	94.06	103.15	113.86
NO	\$2,000	80%	80%	50%	50%	Mem + Fam	93.86	105.42	118.01	130.29	146.15	160.56	177.15
						Mem	34.50	38.66	43.13	47.49	53.17	58.22	64.19
						Mem + 1	63.62	71.43	79.81	87.99	98.64	108.14	119.32
						Mem + Fam	97.65	109.69	122.69	135.38	151.84	166.79	183.95

Basic Plan													
BASIC PLAN 500						Mem	27.58	31.06	34.83	38.52	43.27	47.46	52.53
NO	\$500*	100%	50%†	50%‡	50%‡	Mem + 1	51.05	57.62	64.73	71.69	80.65	88.59	98.14
						Mem + Fam	80.42	90.77	102.08	113.14	127.31	140.13	155.15

Multiflex Plans for 65 and older – \$75 Single / \$225 Family Calendar Year Deductible Plans

Basic Plus Plans													
BASIC PLUS PLAN 1000						Mem	41.69	47.05	52.61	58.08	65.27	71.66	79.63
NO	\$1,000	80%	80%	50%	50%	Mem + 1	75.60	85.46	95.70	105.80	119.02	130.82	144.70
BASIC PLUS PLAN 1500						Mem + Fam	107.56	121.64	136.54	151.18	169.79	187.45	207.39
NO	\$1,500	80%	80%	50%	50%	Mem	47.19	53.21	59.39	65.47	73.51	80.65	89.05
BASIC PLUS PLAN 2000						Mem + 1	85.28	96.30	107.63	118.79	133.52	146.64	162.02
NO	\$2,000	80%	80%	50%	50%	Mem + Fam	118.87	134.34	150.49	166.27	187.16	205.97	227.65
						Mem	50.42	56.83	63.37	69.81	78.36	85.93	94.83
						Mem + 1	90.96	102.66	114.63	126.42	142.03	155.92	172.20
						Mem + Fam	125.51	141.79	158.66	175.28	197.11	216.85	239.53

* Calendar year Maximum grows each year for three years. Year One is \$500, Year Two is \$750 and Year Three is \$1,000

Rates effective August 1, 2009

† There is no waiting period for Diagnostic & Preventative Services

‡ There is no waiting period for these plans

§ 12 Month Waiting Period rather than the standard 18 Month Waiting Period

Notes: These plans do not offer orthodontia coverage and do not use a PPO network. Rates subject to change.