

DESCRIPTION	IN-NETWORK / OUT-OF-NETWORK BENEFIT								
<b>First \$500</b> (1x Family) <b>SAFEGUARD'S DEDUCTIBLE SHARED BY EMPLOYER AND EMPLOYEE</b>	<table border="1"> <tr> <td>100% Preventive</td> <td></td> </tr> <tr> <td>80% Basic</td> <td></td> </tr> <tr> <td>50% Major</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">\$500 shared by employer and employee</td> </tr> </table>	100% Preventive		80% Basic		50% Major		\$500 shared by employer and employee	
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<b>\$1500 PAID BY SAFEGUARD AS DESCRIBED BELOW</b>		
	IN NETWORK	OUT OF NETWORK
<b>Preventive Services</b> Initial/Routine Oral Exam, Teeth Cleaning & Routine Scaling, Fluoride Treatment, Sealant, X-rays as part of a general exam, Emergency Treatment.	<b>100%</b>	<b>100%**</b>
<b>General Services (Restorative)</b> Problem-focused Exams & Related X-rays, Fillings, General Anesthetics, Space Maintainers	<b>80%</b>	<b>80%**</b>
<b>Major Services</b> Crowns, Removable & Fixed Bridges, Complete & Partial Dentures, Oral Surgery & Extractions, Periodontics, Endodontics	<b>50%</b>	<b>50%**</b>
<b>Orthodontia (Adult &amp; Child)</b> <b>\$1000 Lifetime Maximum</b>	<b>50%</b>	<b>50%**</b>
	<b>Available (see rates below)</b>	

\*Safeguard enrollees have access to contracted dentists who have agreed to accept its fee schedule for payment for covered procedures.

\*The employer will be responsible for paying the first \$500 eligible claims for each member as described in the Employee Benefit Plan. Once this initial \$500 of eligible claims has been paid SafeGuard will adjudicate the claims as described in the Employee Benefit Plan.

\*\*Out of Network benefits are paid at the 80<sup>th</sup> percentile

<b>UNDERWRITING CRITERIA</b>	
<b>Group Size</b> 10 - 1500	<b>Minimum participation in this plan</b> 75% or 10 enrolled employees, whichever is greater
<b>Rate guarantee</b> 12 months	<b>Waiting period</b> For employees with no prior coverage at time of enrollment, there is a one-year waiting period on Major benefits.

<b>PROPOSED MONTHLY RATES THROUGH DECEMBER 2007</b>			
	<b>\$500</b> with Ortho	<b>\$500</b> no Ortho	
<b>Employee Only</b>	<b>\$19.22</b>	<b>\$18.99</b>	For proposals simply send your census and current dental premium to <a href="mailto:rfp@benelect.com">rfp@benelect.com</a> or fax to (559) 635-6527.  For questions call, (888) 886-7973 to speak to a Sales Director.
<b>Employee + 1</b>	<b>\$36.97</b>	<b>\$35.64</b>	
<b>Family</b>	<b>\$61.38</b>	<b>\$53.29</b>	

**\$6 administration fee per employee, per month and \$25 flat monthly billing fee not included in the above rates**

CA Insurance License # 0708953  
 Plans underwritten by SafeHealth Life Insurance Company