



# Nationwide Multiflex<sup>SM</sup> Dental Plans 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.

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)	Prosthodontic Services (18 Month Waiting Period)	Coverage	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.)								
							Rate Column 1	Rate Column 2	Rate Column 3	Rate Column 4	Rate Column 5	Rate Column 6	Rate Column 7	Rate Column 8	Rate Column 9

## Rate Column Finder

ST	ZIP	RT
AR	722	3
	725-727	3
	729	3
	All other	2
KY	All	9
NY	100-102	8
	103	5
	104	4
	105-108	6
	109-113	5
	114	4
	115	6
	116	5
	117-118	4
	119	5
	124	4
	126	5
	127	4
	132	2
	134	1
	135-136	2
	138	2
140-142	2	
143	1	
146-147	2	
149	2	
All other	3	

## Multiflex<sup>SM</sup> Plans for Under Age 65 - \$50 Single / \$150 Family Calendar Year Deductible Plans

Classic Plans																		
<b>CLASSIC 1000</b>						Mem	20.44	22.82	25.19	27.74	30.61	33.52	37.00	42.95	21.37			
NO	\$1,000	80%	80%	50%	50%	Mem + 1	38.35	42.89	47.43	52.31	57.79	63.37	70.00	81.37	40.13			
<b>CLASSIC 1500</b>						Mem + Fam	64.10	71.54	79.10	87.19	96.23	105.58	116.48	135.26	66.97			
NO	\$1,500	80%	80%	50%	50%	Mem	22.03	24.61	27.14	29.87	32.95	36.09	39.81	46.20	23.06			
<b>CLASSIC 2000</b>						Mem + 1	41.19	46.08	50.90	56.09	61.96	67.94	75.00	87.16	43.13			
NO	\$2,000	80%	80%	50%	50%	Mem + Fam	67.63	75.51	83.40	91.89	101.41	111.27	122.70	142.44	70.72			
<b>CLASSIC 2000</b>						Mem	22.97	25.66	28.28	31.12	34.33	37.59	41.46	48.11	24.05			
NO	\$2,000	80%	80%	50%	50%	Mem + 1	42.86	47.96	52.94	58.32	64.41	70.62	77.95	90.56	44.90			
<b>CLASSIC 2000</b>						Mem + Fam	69.70	77.85	85.94	94.65	104.46	114.62	126.36	146.66	72.92			

Classic Select Plans (These plans use the DenteMax <sup>®</sup> network. Members may enjoy discounts by using one of the many dentists within the DenteMax network.)																		
<b>CLASSIC SELECT 1000</b>						Mem	19.91	23.49	24.35	25.88	29.13	32.92	35.09	40.11	22.48			
YES	\$1,000	100%/70%	80%/70%	60%/50%	60%/50%	Mem + 1	37.21	44.06	45.65	48.55	54.76	62.04	66.12	75.65	42.14			
<b>CLASSIC SELECT 1500</b>						Mem + Fam	61.38	72.80	75.20	79.81	90.06	102.38	108.72	124.16	69.67			
YES	\$1,500	100%/70%	80%/70%	60%/50%	60%/50%	Mem	21.54	25.37	26.33	28.01	31.51	35.56	37.93	43.37	24.27			
<b>CLASSIC SELECT 2000</b>						Mem + 1	40.11	47.41	49.19	52.34	58.98	66.74	71.18	81.45	45.32			
YES	\$2,000	100%/70%	80%/70%	60%/50%	60%/50%	Mem + Fam	64.98	76.98	79.59	84.52	95.32	108.25	115.03	131.38	73.65			
<b>CLASSIC SELECT 2000</b>						Mem	22.50	26.48	27.50	29.27	32.90	37.11	39.61	45.29	25.32			
YES	\$2,000	100%/70%	80%/70%	60%/50%	60%/50%	Mem + 1	41.82	49.38	51.26	54.57	61.47	69.51	74.16	84.87	47.19			
<b>CLASSIC SELECT 2000</b>						Mem + Fam	67.10	79.44	82.18	87.29	98.41	111.71	118.74	135.62	75.98			

Basic Plan																		
<b>BASIC PLAN 500</b>						Mem	23.17	26.00	28.71	31.66	35.01	38.38	42.43	49.37	24.32			
NO	\$500*	100%	50%†	50%§	50%§	Mem + 1	43.09	48.43	53.58	59.15	65.50	71.90	79.55	92.68	45.25			
<b>BASIC PLAN 500</b>						Mem + Fam	69.19	77.67	85.96	94.91	105.06	115.47	127.62	148.59	72.59			

Super Select Plan (This plan uses the DenteMax <sup>®</sup> network. Members may enjoy discounts by using one of the many dentists within the DenteMax network.)																		
<b>SUPER SELECT PLAN 1000</b>						Mem	19.68	23.13	23.93	25.40	28.55	32.32	34.33	39.14	22.19			
YES	\$1,000	80%/60%	80%/60%†	50%/40%§	50%/40%§	Mem + 1	36.75	43.34	44.83	47.61	53.61	60.85	64.63	73.74	41.56			
<b>SUPER SELECT PLAN 1000</b>						Mem + Fam	60.50	71.47	73.70	78.09	87.98	100.14	106.01	120.73	68.60			

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

Basic Plus Plans																		
<b>BASIC PLUS PLAN 1000</b>						Mem	26.76	30.13	33.34	36.82	40.81	44.84	49.62	57.84	28.14			
NO	\$1,000	80%	80%	50%	50%	Mem + 1	49.10	55.37	61.35	67.83	75.26	82.79	91.67	106.98	51.66			
<b>BASIC PLUS PLAN 1000</b>						Mem + Fam	74.42	83.73	92.84	102.68	113.82	125.27	138.61	161.64	78.14			
<b>BASIC PLUS PLAN 1500</b>						Mem	29.76	33.51	37.01	40.82	45.23	49.68	54.92	63.97	31.32			
NO	\$1,500	80%	80%	50%	50%	Mem + 1	54.39	61.31	67.81	74.88	83.03	91.29	101.00	117.75	57.25			
<b>BASIC PLUS PLAN 1500</b>						Mem + Fam	80.59	90.67	100.38	110.90	122.89	135.22	149.50	174.21	84.68			
<b>BASIC PLUS PLAN 2000</b>						Mem	31.53	35.50	39.17	43.18	47.83	52.52	58.04	67.57	33.19			
NO	\$2,000	80%	80%	50%	50%	Mem + 1	57.50	64.80	71.61	79.03	87.60	96.29	106.49	124.09	60.54			
<b>BASIC PLUS PLAN 2000</b>						Mem + Fam	84.22	94.76	104.82	115.74	128.23	141.07	155.91	181.61	88.52			

\* 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 May 1, 2010

† 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. Rates subject to change. Plans not available in all states.