

# Rate Column Finder

ST	ZIP	RT	ST	ZIP	RT	ST	ZIP	RT	ST	ZIP	RT	ST	ZIP	RT
AK	999	7	DC	200	6	KS	660	4	NC	See indemnity rate guide SHM-0413AO		RI	All	5
	All other	8		All other	7		661	2				SC	292	4
AL	350	2	DE	199	5		662	4	ND	581	4		294	4
	352	2		All other	7		663	1		All other	3		296-299	4
	356	2	FL	321-322	2		All other	3	NE	681	3		All other	3
	357	3		325	4	KY	See rate guide NBH-0381-A			682	1	SD	All	3
	358	2		327	1		NBH-0381-A			All other	2	TN	375	1
	365-366	2		328	2	LA	702	1					376	2
	369	2		330	4		709	1	NH	031-032	5		382-383	2
	All other	1		331-332	6		712-713	2		034-036	5		All other	3
AR	See rate guide NBH-0381-A			333	5		All other	3		All other	6	TX	750-751	18
AZ	All	9		334	4	MA	See indemnity rate guide SHM-0413AO						752	17
CA	900	12		335	1		SHM-0413AO						753	18
	901	13		336	2	MD	208-209	5					754-759	17
	902-903	12		338	2		210-212	3	NM	871	5		760	18
	904	13		339	4		215	5		872	1		761	17
	905	11		340-341	5		216	3		876	1		762-763	18
	906-907	10		342	4		219	5		878-883	3		764-769	17
	908	11		344-347	1		All other	4		All other	4		770	18
	909	10		349	4	ME	041	6	NV	889	4		772-774	18
	910-913	12		All other	3		043	4		890-891	3		775-779	17
	914	11	GA	See indemnity rate guide SHM-0413AO			045	4		892	1		780	18
	915-916	12		SHM-0413AO			047	4		896	1		781-785	17
	917	10	HI	All	6		049	4		897	5		786-787	18
	918	12					All other	5		All other	6		788-789	17
	919-920	10	IA	500	4	MI	480	3	NY	See rate guide NBH-0381-A			790-794	18
	921-923	11		501	3		482-483	3		NBH-0381-A			795-798	17
	924-925	10		502	4		486-487	3					799	18
	926	13		503	3		489	3	OH	437-441	2	UT	844	1
	927	10		509	4		498-499	3		443-445	2		846	1
	928	11		511	3		All other	4		447	2		All other	2
	929	13		517-519	1	MN	550	14		449	2	VA	See indemnity rate guide SHM-0413AO	
	930	12		520	3		551-555	15		453	2		SHM-0413AO	
	931	13		522-528	3		556-567	14		455-457	2	VT	054	5
	932	11		All other	2		568-569	15		459	1		All other	4
	933	10	ID	832	2	MO	630-631	4		All other	3	WA	All	19
	934	13		834	2		633	3	OK	732	1	WI	533	1
	935-938	10		837	4		634	4		737-738	2		536	1
	939-944	13		All other	3		635-637	2		742-744	1		537	5
	945	12	IL	600	5		640-641	3		745-746	2		540	3
	946-951	13		601	4		648	3		748-749	2		543	5
	952	10		602-603	5		650-651	3		All other	3		All other	4
	953	11		604-608	4		652	4	OR	All	16	WV	All	2
	954	12		611	4		656-658	3					All	3
	955	13		619-622	2		All other	1	PA	150-153	1			
	956	11		624	1	MS	386	2		156-159	1			
	957	13		625-626	2		390	2		167	1			
	958-959	11		628	1		394-396	2		170	3			
	960-961	13		629	2		All other	3		172-175	3			
CO	800-802	5		All other	3	MT	591	4		176	4			
	803-804	6	IN	462-463	4		598	4		180	4			
	807-809	5		470-471	2		All other	3		181	3			
	816	6		All other	3					183	4			
	All other	4								189	5			
CT	067	5								190-191	4			
	069	7								192	1			
	All other	6								193	5			
										194	4			
										All other	2			



# 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 10	Rate Column 11	Rate Column 12	Rate Column 13	Rate Column 14	Rate Column 15	Rate Column 16	Rate Column 17	Rate Column 18	Rate Column 19

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

Classic Plans																									
<b>CLASSIC 1000</b>						Mem	22.14	24.72	27.29	30.05	33.16	36.32	40.08	46.53	28.49	30.81	34.11	36.67	40.08	29.67	34.75	36.83	26.56	29.43	41.57
NO	\$1,000	80%	80%	50%	50%	Mem + 1	41.55	46.46	51.38	56.67	62.60	68.65	75.83	88.15	53.66	58.16	64.44	69.32	75.83	55.99	65.69	69.64	50.00	55.48	78.66
						Mem + Fam	69.44	77.50	85.69	94.46	104.25	114.38	126.18	146.53	89.38	97.16	107.44	115.48	126.18	93.60	109.71	115.99	83.44	92.49	130.85
<b>CLASSIC 1500</b>						Mem	23.87	26.66	29.40	32.36	35.70	39.09	43.13	50.05	30.69	33.20	36.72	39.47	43.13	32.00	37.45	39.64	28.61	31.68	44.72
NO	\$1,500	80%	80%	50%	50%	Mem + 1	44.62	49.92	55.14	60.77	67.12	73.60	81.25	94.42	57.59	62.42	69.10	74.31	81.25	60.15	70.52	74.63	53.65	59.49	84.28
						Mem + Fam	73.26	81.80	90.35	99.55	109.86	120.54	132.93	154.31	94.29	102.49	113.27	121.69	132.93	98.87	115.83	122.20	87.96	97.47	137.82
<b>CLASSIC 2000</b>						Mem	24.88	27.80	30.64	33.71	37.19	40.73	44.92	52.12	31.99	34.60	38.26	41.12	44.92	33.36	39.04	41.29	29.82	33.01	46.57
NO	\$2,000	80%	80%	50%	50%	Mem + 1	46.43	51.95	57.35	63.18	69.78	76.51	84.45	98.10	59.90	64.92	71.85	77.25	84.45	62.59	73.36	77.57	55.79	61.85	87.58
						Mem + Fam	75.51	84.34	93.10	102.54	113.17	124.17	136.89	158.88	97.17	105.63	116.69	125.35	136.89	101.97	119.43	125.86	90.62	100.40	141.92

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	21.57	25.45	26.38	28.04	31.56	35.66	38.01	43.45	29.14	33.22	34.32	35.85	38.01	27.63	33.36	35.39	25.04	27.40	38.92
YES	\$1,000	100%/70%	80%/70%	60%/50%	60%/50%	Mem + 1	40.31	47.73	49.46	52.60	59.32	67.21	71.63	81.95	54.76	62.66	64.68	67.55	71.63	51.86	62.83	66.64	46.90	51.38	73.32
						Mem + Fam	66.49	78.87	81.46	86.47	97.57	110.91	117.78	134.51	90.36	104.05	106.95	111.42	117.78	85.53	103.73	109.74	77.19	84.46	120.41
<b>CLASSIC SELECT 1500</b>						Mem	23.34	27.49	28.53	30.35	34.13	38.52	41.09	46.99	31.46	35.79	37.04	38.72	41.09	29.95	36.11	38.24	27.10	29.66	42.09
YES	\$1,500	100%/70%	80%/70%	60%/50%	60%/50%	Mem + 1	43.45	51.36	53.28	56.71	63.90	72.31	77.11	88.24	58.89	67.25	69.54	72.68	77.11	56.02	67.74	71.73	50.57	55.39	78.96
						Mem + Fam	70.39	83.40	86.23	91.56	103.26	117.27	124.61	142.32	95.52	109.82	113.04	117.83	124.61	90.80	109.96	116.07	81.75	89.45	127.42
<b>CLASSIC SELECT 2000</b>						Mem	24.38	28.68	29.79	31.70	35.64	40.20	42.91	49.06	32.82	37.31	38.65	40.42	42.91	31.32	37.73	39.92	28.32	30.98	43.95
YES	\$2,000	100%/70%	80%/70%	60%/50%	60%/50%	Mem + 1	45.30	53.49	55.54	59.12	66.59	75.30	80.34	91.94	61.32	69.95	72.40	75.70	80.34	58.46	70.63	74.72	52.73	57.76	82.28
						Mem + Fam	72.69	86.06	89.03	94.56	106.61	121.02	128.63	146.92	98.55	113.22	116.62	121.59	128.63	93.90	113.63	119.80	84.42	92.38	131.54

Basic Plan																									
<b>BASIC PLAN 500</b>						Mem	25.10	28.17	31.11	34.29	37.93	41.58	45.97	53.48	32.51	35.16	39.00	41.99	45.97	33.98	39.88	42.18	30.23	33.56	47.70
NO	\$500*	100%	50%†	50%§	50%§	Mem + 1	46.68	52.47	58.04	64.08	70.96	77.89	86.18	100.40	60.69	65.77	73.02	78.66	86.18	63.56	74.74	79.03	56.40	62.70	89.45
						Mem + Fam	74.96	84.15	93.13	102.82	113.81	125.09	138.26	160.98	97.33	105.89	117.36	126.32	138.26	102.44	120.43	126.87	90.52	100.62	143.46

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	21.32	25.05	25.93	27.52	30.93	35.01	37.19	42.40	28.71	32.93	33.77	35.18	37.19	27.12	32.75	34.70	24.64	26.90	38.04
YES	\$1,000	80%/60%	80%/60%†	50%/40%§	50%/40%§	Mem + 1	39.81	46.95	48.57	51.57	58.08	65.92	70.01	79.89	53.90	62.05	63.59	66.23	70.01	50.85	61.62	65.29	46.11	50.39	71.59
						Mem + Fam	65.54	77.42	79.84	84.60	95.31	108.48	114.84	130.79	88.74	102.68	104.86	108.95	114.84	83.68	101.49	107.25	75.73	82.66	117.29

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

Basic Plus Plans																									
<b>BASIC PLUS PLAN 1000</b>						Mem	28.99	32.65	36.11	39.88	44.21	48.58	53.75	62.66	37.80	41.03	45.54	49.06	53.75	39.57	46.58	49.26	35.07	39.02	55.79
NO	\$1,000	80%	80%	50%	50%	Mem + 1	53.19	59.98	66.46	73.49	81.53	89.69	99.31	115.89	69.58	75.64	84.03	90.58	99.31	72.92	85.99	90.96	64.53	71.88	103.10
						Mem + Fam	80.62	90.70	100.57	111.23	123.30	135.71	150.16	175.11	105.19	114.65	127.22	137.05	150.16	110.49	130.24	137.62	97.73	108.81	155.86
<b>BASIC PLUS PLAN 1500</b>						Mem	32.24	36.31	40.09	44.23	49.00	53.82	59.50	69.30	41.96	45.53	50.48	54.34	59.50	43.95	51.68	54.55	38.93	43.27	61.73
NO	\$1,500	80%	80%	50%	50%	Mem + 1	58.92	66.42	73.46	81.12	89.95	98.90	109.42	127.56	76.91	83.56	92.72	99.88	109.42	80.64	94.97	100.26	71.32	79.36	113.55
						Mem + Fam	87.31	98.23	108.75	120.14	133.13	146.49	161.96	188.73	113.76	123.95	137.39	147.92	161.96	119.62	140.85	148.50	105.65	117.54	168.06
<b>BASIC PLUS PLAN 2000</b>						Mem	34.16	38.46	42.44	46.78	51.81	56.90	62.88	73.20	44.41	48.17	53.38	57.45	62.88	46.53	54.67	57.66	41.20	45.77	65.23
NO	\$2,000	80%	80%	50%	50%	Mem + 1	62.29	70.21	77.58	85.61	94.90	104.32	115.36	134.43	81.21	88.22	97.83	105.34	115.36	85.18	100.25	105.73	75.31	83.76	119.70
						Mem + Fam	91.24	102.66	113.55	125.38	138.91	152.82	168.91	196.74	118.80	129.42	143.37	154.32	168.91	124.99	147.08	154.89	110.31	122.67	175.24

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

† 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.

Rates effective May 1, 2010