

# Rate Column Finder

ST	ZIP	RT	ST	ZIP	RT	ST	ZIP	RT	ST	ZIP	RT	ST	ZIP	RT	ST	ZIP	RT	ST	ZIP	RT
AK	999	7	CT	067	5	KS	660	4	NH	031-032	5	PA	150-153	1	WV	All	2			
	All other	8		069	7		661	2		034-036	5		156-159	1	WY	All	3			
				All other	6		662	4		All other	6		167	1						
AL	350	2	DC	200	6		663	1	NM	871	5		170	3						
	352	2		All other	7		All other	3		872	1		172-175	3						
	356	2	DE	199	5	KY	All	28		876	1		176	4						
	357	3		All other	7	LA	702	1		878-883	3		180	4						
	358	2	FL	321-322	2		709	1		All other	4		181	3						
	365-366	2		325	4		712-713	2	NV	889	4		183	4						
	369	2		327	1		All other	3		890-891	3		189	5						
	All other	1		328	2	MD	208-209	5		892	1		190-191	4						
AR	722	22		330	4		210-212	3		896	1		192	1						
	725-727	22		331-332	6		215	5		897	5		193	5						
	729	22		333	5		216	3		All other	6		194	4						
	All other	21		334	4		219	5	NY	100-102	27		All other	2						
AZ	All	9		335	1		All other	4		103	24	RI	All	5						
CA	900	12		336	2	ME	041	6		104	23									
	901	13		338	2		043	4		105-108	25	SC	292	4						
	902-903	12		339	4		045	4		109-113	24		294	4						
	904	13		340-341	5		047	4		114	23		296-299	4						
	905	11		342	4		049	4		115	25		All other	3						
	906-907	10		344-347	1		All other	5		116	24	SD	All	3						
	908	11		349	4	MI	480	3		117-118	23									
	909	10		All other	3		482-483	3		119	24		375	1						
	910-913	12	HI	All	6		486-487	3		124	23		376	2						
	914	11	IA	500	4		489	3		126	24		382-383	2						
	915-916	12		501	3		498-499	3		127	23		All other	3						
	917	10		502	4		All other	4		132	21	TX	750-751	18						
	918	12		503	3	MN	550	14		134	20		752	17						
	919-920	10		509	4		551-555	15		135-136	21		753	18						
	921-923	11		511	3		556-567	14		138	21		754-759	17						
	924-925	10		517-519	1		568-569	15		140-142	21		760	18						
	926	13		520	3	MO	630-631	4		143	20		761	17						
	927	10		522-528	3		633	3		146-147	21		762-763	18						
	928	11		All other	2		634	4		149	21		764-769	17						
	929	13	ID	832	2		635-637	2		All other	22		770	18						
	930	12		834	2		640-641	3	OH	437-441	2		772-774	18						
	931	13		837	4		648	3		443-445	2		775-779	17						
	932	11		All other	3		650-651	3		447	2		780	18						
	933	10	IL	600	5		652	4		449	2		781-785	17						
	934	13		601	4		656-658	3		453	2		786-787	18						
	935-938	10		602-603	5		All other	1		455-457	2		788-789	17						
	939-944	13		604-608	4	MS	386	2		459	1		790-794	18						
	945	12		611	4		390	2		All other	3		795-798	17						
	946-951	13		619-622	2		394-396	2	OK	732	1		799	18						
	952	10		624	1		All other	3		737-738	2	UT	844	1						
	953	11		625-626	2	MT	591	4		742-744	1		846	1						
	954	12		628	1		598	4		745-746	2		All other	2						
	955	13		629	2		All other	3		748-749	2	VT	054	5						
	956	11		All other	3	ND	581	4		All other	3		All other	4						
	957	13	IN	462-463	4		All other	3	OR	All	16	WA	All	19						
	958-959	11		470-471	2	NE	681	3												
	960-961	13		All other	3		682	1				WI	533	1						
CO	800-802	5					All other	2					536	1						
	803-804	6											537	5						
	807-809	5											540	3						
	816	6											543	5						
	All other	4											All other	4						

## Indemnity Plan States

GA	313	33
	310	31
	311	34
	312	31
	316-319	31
	399	29
	All other	32
MA	010-011	33
	012	32
	014	33
	021-022	35
	024	35
	027	33
	055	29
	All other	34
NC	271	33
	275-277	33
	280-281	33
	282	34
	All other	32
NJ	071	32
	073	32
	074	34
	076	34
	078	34
	079	35
	080-083	32
	084	31
	085	34
	087	32
	All Other	33
VA	201	33
	220-221	33
	222	34
	223	33
	225	31
	239	31
	242-243	30
	244-245	31
	246	30
	All other	32

# Nationwide Multiflex<sup>SM</sup> Dental Plans for Seniors RATE GUIDE for 65 & Over

### 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. Locate your rate column. (Find your rate column by using the Rate Column Finder.)
2. Then, select your coverage type (Member, Member + One or Member + Family).
3. Your Monthly premium is the rate shown within your Rate Column and your selected row of coverage.



# Multiflex<sup>SM</sup> DENTAL PLANS RATE GUIDE FOR 65 AND OLDER

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

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

Basic Plus Plans (Plans not available in all states).																											
<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		

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	Rate Column 20	Rate Column 21	Rate Column 22	Rate Column 23	Rate Column 24	Rate Column 25	Rate Column 26	Rate Column 27	Rate Column 28			
							Basic Plus Plans (Plans not available in all states).											
<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			
						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			
						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			
						Mem + Fam	84.22	94.76	104.82	115.74	128.23	141.07	155.91	181.61	88.52			

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 29	Rate Column 30	Rate Column 31	Rate Column 32	Rate Column 33	Rate Column 34	Rate Column 35	

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

Basic Plus Plans (Plans not available in all states).																									
<b>BASIC PLUS PLAN 1000</b>						Mem	28.55	38.21	37.59	39.06	45.95	54.20	55.86												
NO	\$1,000	80%	80%	50%	50%	Mem + 1	53.33	71.33	70.16	72.91	85.73	101.08	104.18												
						Mem + Fam	81.45	108.54	106.78	110.92	130.24	153.34	158.02												
<b>BASIC PLUS PLAN 1500</b>						Mem	31.86	42.50	41.81	43.43	51.02	60.09	61.92												
NO	\$1,500	80%	80%	50%	50%	Mem + 1	59.15	78.86	77.58	80.59	94.63	111.44	114.84												
						Mem + Fam	88.23	117.33	115.44	119.88	140.62	165.43	170.45												
<b>BASIC PLUS PLAN 2000</b>						Mem	33.80	45.02	44.29	46.00	53.99	63.55	65.49												
NO	\$2,000	80%	80%	50%	50%	Mem + 1	62.58	83.29	81.94	85.11	99.87	117.53	121.10												
						Mem + Fam	92.23	122.50	120.53	125.15	146.73	172.54	177.76												

\* There is no waiting period for Diagnostic & Preventative Services  
**Notes:** These plans do not offer orthodontia coverage. Rates subject to change. Plans not available in all states.  
 Rates effective May 1, 2010