

# UnitedHealthcare Dental<sup>®</sup>

## What sets us apart

**Large national network:** Choice and cost-saving incentives to seek network care through our expansive national network of dentists and specialists

**Ongoing quality measurement:** We support standards recommended by the National Association of Dental Plans for measuring, maintaining and improving dental health care

**Administrative ease:** Consolidated billing, eligibility and enrollment through a single account team

**Flexible plan designs:** Tailored solutions to match your clients' needs

**Leading-edge technology systems:** Built-in claims auditing and highly automated claims adjudication help ensure accurate and timely payment

**Superior customer service:** Access benefit and claim information 24 hours a day, seven days a week at [myuhcdental.com](http://myuhcdental.com). We also have a toll-free customer service line staffed by dental representatives

## South Florida

### Miami-Dade, Broward, and Palm Beach Counties

Zone 1 - Zip Codes included in service area are 330, 331, 332

Zone 2 - Zip Codes included in service area are 333

Zone 3 - Zip Codes included in service area are 334

For groups with effective dates July 1, 2010 - September 30, 2010

## Have you heard about our Packaged Savings<sup>®</sup> program?

Through our Packaged Savings<sup>®</sup> program, you can bundle our comprehensive medical plans with specialty products - dental, life, disability and vision. Your savings through Packaged Savings are based upon medical enrollment and the number of active lines of specialty coverage you have with UnitedHealthcare. The more you bundle, the more you can save. Plus, the administrative credits are available as long as your eligible benefits remain in-force.

**Contact your UnitedHealthcare Account Representative for information about Packaged Savings<sup>®</sup> as well as our other specialty benefits products including vision, life and disability.**

The rates and benefits provided are for general information and discussion purposes only and are not valid unless approved by UnitedHealthcare. This rate quote is not an offer or guarantee of coverage. The group should not, under any circumstances, cancel its existing coverage unless and until coverage is offered by UnitedHealthcare and final rates have been accepted by and initial premium paid by the group. Final rates are determined by UnitedHealthcare's underwriting guidelines and final enrollment. The insurance Policy, not general rates and descriptions on this rate sheet, will form the contract between the insured and UnitedHealthcare, and the Certificate of Coverage issued to the subscriber will provide the legal description of coverage.

Specialty benefits and programs may not be available in all states or for all group sizes. Components subject to change.

UnitedHealthcare Dental<sup>®</sup> coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), United HealthCare Services, Inc. or their affiliates.

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# UnitedHealthcare Vision®

## South Florida Markets

For groups 2-99 lives with effective dates  
July 1, 2010 to September 30, 2010

### Rates apply to Florida situs groups.

- Rates are guaranteed for 24 months.
- Vision packaged with UnitedHealthcare medical products must be same rating tier structure for administration of eligibility.
- For plan details, refer to the plan Schedule of Benefits.

Vision Plans							Vision Rates ( )			
Plan #	Plan Code	Contribution	Exam	Lenses*	Frames	Copay	EE only	EE & SP	EE & Child (ren)	Family
1	V0005	Voluntary	Every 12 months	Every 12 months	Every 12 months	10 Exam 10 Materials	12.77	24.91	26.18	36.40
	V0009	Buy-Up					9.77	20.02	21.00	30.28
	V0017	50% Employer-paid					10.48	21.47	22.52	32.47
2	V0006	Voluntary	Every 12 months	Every 12 months	Every 12 months	10 Exam 25 Materials	10.82	21.09	22.18	30.83
	V0010	Buy-Up					8.34	17.10	17.94	25.87
	V0018	50% Employer-paid					8.93	18.31	19.21	27.70
9	V0031	Voluntary	Every 12 months	Every 12 months	Every 12 months	15 Exam 30 Materials	9.62	18.76	19.72	27.41
	V0036	Buy-Up					7.42	15.20	15.94	22.99
	V0048	50% Employer-paid					7.95	16.30	17.09	24.65
3	V0007	Voluntary	Every 12 months	Every 12 months	Every 24 months	10 Exam 10 Materials	9.83	19.17	20.15	28.01
	V0011	Buy-Up					8.70	17.84	18.71	26.97
	V0019	50% Employer-paid					9.15	18.75	19.67	28.35
4	V0008	Voluntary	Every 12 months	Every 12 months	Every 24 months	10 Exam 25 Materials	8.44	16.45	17.30	24.05
	V0012	Buy-Up					7.40	15.18	15.92	22.95
	V0020	50% Employer-paid					7.81	16.02	16.80	24.22
10	V0043	Voluntary	Every 12 months	Every 12 months	Every 24 months	15 Exam 30 Materials	7.64	14.90	15.67	21.78
	V0037	Buy-Up					6.55	13.42	14.08	20.30
	V0049	50% Employer-paid					6.93	14.21	14.90	21.49

\*You can receive spectacle lenses and a frame or contacts every 12 months, not both.

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# Prepaid Dental

## South Florida Markets

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- Rates are guaranteed for 12 months.
- Dental packaged with UnitedHealthcare medical products must be same rating tier structure for administration of eligibility.
- For plan details, refer to the plan Schedule of Benefits.
- Dental Dual Option Available—PPO/DHMO minimum of 5 eligible with 3 enrolled.

Solstice Dental Prepaid Plans					Coinsurance					Rates ()				
Plan #	Plan Code	Minimum Participation	Preventive & Diagnostic Services	Basic / Major Services	Ortho Max	Specialty Services	Network General Dentist (Florida only):	Specialist	Annual Max	Annual Ded	EE only	EE & SP	EE & Child (ren)	Family
Solstice S700	D0035	Voluntary - 2 Employees	Most Benefits Offered at No Charge	25% - 60% Savings	2,250 Children 2,350 Adult ♦ Co-Payment (rendered by General Dentist) ♦ Self-Referral - 25% Savings	• Referral - Guaranteed Member Co-Pays • Self-Referral - 25% Savings	Open Access	Referral / Self-Referral	Unlimited	None	15.75	27.41	33.71	43.16
Solstice 500	D0036	Voluntary - 2 Employees	Most Benefits Offered at No Charge	25% - 50% Savings	2,050 Children 2,150 Adult ♦ Co-Payment (rendered by General Dentist) ♦ Self-Referral - 25% Savings	• 25% Savings	Open Access	Self-Referral	Unlimited	None	13.75	23.98	29.48	37.62
Solstice 800	D0037	Voluntary - 2 Employees	Most Benefits Offered at No Charge	25% - 55% Savings	♦ Self-Referral - 25% Savings	• 25% Savings	Open Access	Self-Referral	Unlimited	None	11.99	21.01	25.74	33.00
Solstice 300	D0040	Voluntary - 2 Employees	Most Benefits Offered at No Charge	25% - 40% Savings	♦ Self-Referral - 25% Savings	• 25% Savings	Open Access	Self-Referral	Unlimited	None	11.77	20.46	25.19	32.12

- ♦ **No waiting periods**
- ♦ **Defined costs on over 280 procedure codes**
- ♦ **No claim forms to submit > 25% discount on all procedure codes not listed**
- ♦ **No primary dentist selection required**
- ♦ **Discount prescription plan included at no charge**
- ♦ **Cosmetic procedures (teeth whitening, bonding, and veneers) are included**

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# UnitedHealthcare Dental PPO®

## Voluntary Preferred Portfolio

## South Florida Markets

For groups 2-50 lives with effective dates  
July 1, 2010 to September 30, 2010

### Zone 1—Miami-Dade, Broward, and Palm Beach Counties

Zip Codes included in service area are 330, 331, 332

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- Deductibles are waived for preventative and diagnostic services.
- Dental packaged with UnitedHealthcare medical products must be same rating tier structure for administration of eligibility.
- For plan details, refer to the plan Schedule of Benefits.
- Dental Dual Option Available—PPO/DHMO minimum of 5 eligible with 3 enrolled. PPO/PPO minimum of 10 enrolled.

Groups 2-4			Coinsurance			Rates (\$)								
Plan	CMM*	Voluntary OR Contributory	In Network	Out of Network	Endo, Perio, Oral Surgery (In/Out)	Annual Max (In/Out)	Ded \$ (Ind/Fam)	Ortho Max (In/Out)	OON Payment Basis	Waiting Period In months	EE only	EE & SP	EE & Child(ren)	Family
P1215 <sup>3</sup>	No	Voluntary	100/80/50	80/60/50	50/50	\$1,000	50/150	\$1000/n/a	MAC <sup>1</sup>	12	27.92	55.85	58.43	89.20
P3308	Yes	Voluntary	100/80/50	80/50/50	50/50	\$1,500	50/150	n/a	MAC <sup>1</sup>	12	29.21	58.42	61.13	93.31
P1211	No	Voluntary	100/80/50	100/80/50	50/50	\$1,000	50/150	n/a	MAC <sup>1</sup>	12	29.60	59.20	61.94	94.55
P3303	No	Voluntary	100/80/50	90/60/50	50/50	\$1,200	50/150	n/a	MAC <sup>1</sup>	None	29.81	59.62	62.38	95.23
P3309 <sup>3</sup>	Yes	Voluntary	100/80/50	80/50/50	50/50	\$1,500	50/150	\$1000	MAC <sup>1</sup>	12	31.24	62.48	65.38	99.80
P3302 <sup>3</sup>	No	Voluntary	100/80/50	90/60/50	50/50	\$1,200	50/150	\$1000	MAC <sup>1</sup>	None	31.94	63.88	66.84	102.04
P3343 <sup>3</sup>	Yes	Voluntary	100/90/50	100/80/50	90/80	\$1,000	50/150	\$1000	U&C <sup>2</sup> /85%	None	60.78	121.57	127.20	194.17

\* **Consumer MaxMultiplier<sup>SM</sup>** (CMM) feature enables members to carry forward a portion of the dental plan's unused annual maximum according to program rules.

<sup>1</sup> MAC: The non-network percentage of benefits is based on the allowable amount applicable for the same service that would have been rendered by a network provider. (MAC = Maximum Allowable Charge).

<sup>2</sup> UCR: The non-network percentage of benefits is based on the schedule of usual & customary fees in the geographic area in which the expenses incurred. (UCR = Usual Customary and Reasonable).

<sup>3</sup> Orthodontia benefit is paid at 50% and is available to group of 10+ eligible and 8 enrollees.

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## Voluntary Preferred Portfolio

## South Florida Markets

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- For plan details, refer to the plan Schedule of Benefits.
- Dental Dual Option Available—PPO/DHMO minimum of 5 eligible with 3 enrolled. PPO/PPO minimum of 10 enrolled.

Groups 5-9			Coinsurance			Rates (\$)								
Plan	CMM*	Voluntary OR Contributory	In Network	Out of Network	Endo, Perio, Oral Surgery (In/Out)	Annual Max (In/Out)	Ded \$ (Ind/Fam)	Ortho Max (In/Out)	OON Payment Basis	Waiting Period In months	EE only	EE & SP	EE & Child(ren)	Family
P1215 <sup>3</sup>	No	Voluntary	100/80/50	80/60/50	50/50	\$1,000	50/150	\$1000/n/a	MAC <sup>1</sup>	12	25.41	50.82	53.17	81.16
P3308	Yes	Voluntary	100/80/50	80/50/50	50/50	\$1,500	50/150	n/a	MAC <sup>1</sup>	12	26.58	53.16	55.62	84.90
P1211	No	Voluntary	100/80/50	100/80/50	50/50	\$1,000	50/150	n/a	MAC <sup>1</sup>	12	26.93	53.86	56.35	86.03
P3303	No	Voluntary	100/80/50	90/60/50	50/50	\$1,200	50/150	n/a	MAC <sup>1</sup>	None	27.13	54.25	56.76	86.65
P3309 <sup>3</sup>	Yes	Voluntary	100/80/50	80/50/50	50/50	\$1,500	50/150	\$1000	MAC <sup>1</sup>	12	28.43	56.85	59.49	90.81
P3302 <sup>3</sup>	No	Voluntary	100/80/50	90/60/50	50/50	\$1,200	50/150	\$1000	MAC <sup>1</sup>	None	29.06	58.13	60.82	92.84
P3343 <sup>3</sup>	Yes	Voluntary	100/90/50	100/80/50	90/80	\$1,000	50/150	\$1000	U&C <sup>2</sup> /85%	None	55.31	110.61	115.73	176.67

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- Rates are guaranteed for 12 months.
- Deductibles are waived for preventative and diagnostic services.
- Dental packaged with UnitedHealthcare medical products must be same rating tier structure for administration of eligibility.
- For plan details, refer to the plan Schedule of Benefits.
- Dental Dual Option Available—PPO/DHMO minimum of 5 eligible with 3 enrolled. PPO/PPO minimum of 10 enrolled.

Groups 10-20			Coinsurance			Rates (\$)								
Plan	CMM*	Voluntary OR Contributory	In Network	Out of Network	Endo, Perio, Oral Surgery (In/Out)	Annual Max (In/Out)	Ded \$ (Ind/Fam)	Ortho Max (In/Out)	OON Payment Basis	Waiting Period In months	EE only	EE & SP	EE & Child(ren)	Family
P1215 <sup>3</sup>	No	Voluntary	100/80/50	80/60/50	50/50	\$1,000	50/150	\$1000/n/a	MAC <sup>1</sup>	12	24.03	48.07	50.29	76.78
P3308	Yes	Voluntary	100/80/50	80/50/50	50/50	\$1,500	50/150	n/a	MAC <sup>1</sup>	12	25.14	50.28	52.61	80.31
P1211	No	Voluntary	100/80/50	100/80/50	50/50	\$1,000	50/150	n/a	MAC <sup>1</sup>	12	25.47	50.95	53.31	81.38
P3303	No	Voluntary	100/80/50	90/60/50	50/50	\$1,200	50/150	n/a	MAC <sup>1</sup>	None	25.66	51.32	53.69	81.97
P3309 <sup>3</sup>	Yes	Voluntary	100/80/50	80/50/50	50/50	\$1,500	50/150	\$1000	MAC <sup>1</sup>	12	26.89	53.78	56.27	85.90
P3302 <sup>3</sup>	No	Voluntary	100/80/50	90/60/50	50/50	\$1,200	50/150	\$1000	MAC <sup>1</sup>	None	27.49	54.98	57.53	87.82
P3343 <sup>3</sup>	Yes	Voluntary	100/90/50	100/80/50	90/80	\$1,000	50/150	\$1000	U&C <sup>2</sup> /85%	None	52.32	104.63	109.48	167.12

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- Rates are guaranteed for 12 months.
- Deductibles are waived for preventative and diagnostic services.
- Dental packaged with UnitedHealthcare medical products must be same rating tier structure for administration of eligibility.
- For plan details, refer to the plan Schedule of Benefits.
- Dental Dual Option Available—PPO/DHMO minimum of 5 eligible with 3 enrolled. PPO/PPO minimum of 10 enrolled.

Groups 21-24			Coinsurance			Rates (\$)								
Plan	CMM*	Voluntary OR Contributory	In Network	Out of Network	Endo, Perio, Oral Surgery (In/Out)	Annual Max (In/Out)	Ded \$ (Ind/Fam)	Ortho Max (In/Out)	OON Payment Basis	Waiting Period In months	EE only	EE & SP	EE & Child(ren)	Family
P1215 <sup>3</sup>	No	Voluntary	100/80/50	80/60/50	50/50	\$1,000	50/150	\$1000/n/a	MAC <sup>1</sup>	12	22.95	45.89	48.02	73.30
P3308	Yes	Voluntary	100/80/50	80/50/50	50/50	\$1,500	50/150	n/a	MAC <sup>1</sup>	12	24.00	48.01	50.23	76.68
P1211	No	Voluntary	100/80/50	100/80/50	50/50	\$1,000	50/150	n/a	MAC <sup>1</sup>	12	24.32	48.64	50.90	77.70
P3303	No	Voluntary	100/80/50	90/60/50	50/50	\$1,200	50/150	n/a	MAC <sup>1</sup>	None	24.50	49.00	51.26	78.26
P3309 <sup>3</sup>	Yes	Voluntary	100/80/50	80/50/50	50/50	\$1,500	50/150	\$1000	MAC <sup>1</sup>	12	25.67	51.35	53.72	82.01
P3302 <sup>3</sup>	No	Voluntary	100/80/50	90/60/50	50/50	\$1,200	50/150	\$1000	MAC <sup>1</sup>	None	26.25	52.50	54.93	83.85
P3343 <sup>3</sup>	Yes	Voluntary	100/90/50	100/80/50	90/80	\$1,000	50/150	\$1000	U&C <sup>2</sup> /85%	None	49.95	99.90	104.52	159.56

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- Dental packaged with UnitedHealthcare medical products must be same rating tier structure for administration of eligibility.
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- Dental Dual Option Available—PPO/DHMO minimum of 5 eligible with 3 enrolled. PPO/PPO minimum of 10 enrolled.

Groups 25-50			Coinsurance			Rates (\$)								
Plan	CMM*	Voluntary OR Contributory	In Network	Out of Network	Endo, Perio, Oral Surgery (In/Out)	Annual Max (In/Out)	Ded \$ (Ind/Fam)	Ortho Max (In/Out)	OON Payment Basis	Waiting Period In months	EE only	EE & SP	EE & Child(ren)	Family
P1215 <sup>3</sup>	No	Voluntary	100/80/50	80/60/50	50/50	\$1,000	50/150	\$1000/n/a	MAC <sup>1</sup>	12	22.06	44.12	46.16	70.47
P3308	Yes	Voluntary	100/80/50	80/50/50	50/50	\$1,500	50/150	n/a	MAC <sup>1</sup>	12	23.08	46.15	48.29	73.72
P1211	No	Voluntary	100/80/50	100/80/50	50/50	\$1,000	50/150	n/a	MAC <sup>1</sup>	12	23.38	46.77	48.93	74.69
P3303	No	Voluntary	100/80/50	90/60/50	50/50	\$1,200	50/150	n/a	MAC <sup>1</sup>	None	23.55	47.10	49.28	75.24
P3309 <sup>3</sup>	Yes	Voluntary	100/80/50	80/50/50	50/50	\$1,500	50/150	\$1000	MAC <sup>1</sup>	12	24.68	49.36	51.65	78.84
P3302 <sup>3</sup>	No	Voluntary	100/80/50	90/60/50	50/50	\$1,200	50/150	\$1000	MAC <sup>1</sup>	None	25.23	50.47	52.81	80.61
P3343 <sup>3</sup>	Yes	Voluntary	100/90/50	100/80/50	90/80	\$1,000	50/150	\$1000	U&C <sup>2</sup> /85%	None	48.02	96.04	100.49	153.40

\* **Consumer MaxMultiplier<sup>SM</sup>** (CMM) feature enables members to carry forward a portion of the dental plan's unused annual maximum according to program rules.

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# UnitedHealthcare Dental PPO®

## Contributory Preferred Portfolio

## South Florida Markets

For groups 2-50 lives with effective dates  
July 1, 2010 to September 30, 2010

### Zone 1— Miami-Dade, Broward, and Palm Beach Counties

Zip Codes included in service area are 330, 331, 332

**Contribution and Participation Requirements:** For Contributory plans, employer contribution minimum 50% of the employee rate and employee participation 75% of eligible employees who do not waive coverage (minimum 50% participation overall). For Voluntary plans, minimum 2 employees enrolled and for plans with Orthodontia 8 or more employees enrolled.

- Rates are guaranteed for 12 months.
- Deductibles are waived for preventative and diagnostic services.
- Dental packaged with UnitedHealthcare medical products must be same rating tier structure for administration of eligibility.
- For plan details, refer to the plan Schedule of Benefits.
- Dental Dual Option Available—PPO/DHMO minimum of 5 eligible with 3 enrolled. PPO/PPO minimum of 10 enrolled.

Groups 2-4			Coinsurance				Rates (\$)							
Plan	CMM*	Voluntary OR Contributory	In Network	Out of Network	Endo, Perio, Oral Surgery (In/Out)	Annual Max (In/Out)	Ded \$ (Ind/Fam)	Ortho Max (In/Out)	OON Payment Basis	Waiting Period In months	EE only	EE & SP	EE & Child(ren)	Family
P0202	No	Contributory	100/80/50	100/80/50	80/80	\$1,000	50/150	n/a	MAC <sup>1</sup>	None	34.16	68.32	71.49	109.13
P0203 <sup>3</sup>	No	Contributory	100/80/50	100/80/50	80/80	\$1,000	50/150	\$1,000	MAC <sup>1</sup>	12	34.47	68.94	72.13	110.11
P5331 <sup>3</sup>	Yes	Contributory	100/90/60	70/50/50	90/50	\$1,500	50/150	\$1000	MAC <sup>1</sup>	None	36.86	73.71	77.12	117.73
P5333 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	None	MAC <sup>1</sup>	None	41.50	83.01	86.85	132.58
P0042	No	Contributory	100/80/50	80/60/50	80/60	\$1,500/\$1000	50/150	n/a	U&C <sup>2</sup> /85%	12	43.26	86.53	90.53	138.20
P3434	Yes	Contributory	100/80/50	80/60/50	80/60	\$1000	50/150	n/a	U&C <sup>2</sup> /85%	None	43.28	86.56	90.57	138.25
P7302 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	\$1000	MAC <sup>1</sup>	None	43.66	87.31	91.35	139.46
P5348 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$2,000	50/150	None	MAC <sup>1</sup>	None	44.66	89.32	93.46	142.67
P0038 <sup>3</sup>	No	Contributory	100/80/50	80/60/50	80/60	\$1,500/\$1000	50/150	\$1,000	U&C <sup>2</sup> /85%	12	45.27	90.55	94.74	144.62
P3418 <sup>3</sup>	Yes	Contributory	100/80/50	80/60/50	80/60	\$1000	50/150	\$1000	U&C <sup>2</sup> /85%	None	45.43	90.86	95.07	145.13
P4229 <sup>3</sup>	No	Contributory	100/90/60	50/50/50	90/50	\$2,000/\$500	0/0 IN 100/300 OON	None	MAC <sup>1</sup>	None	45.68	91.36	95.59	145.93
P7300 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	\$1,500	MAC <sup>1</sup>	None	47.40	94.81	99.20	151.43

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# UnitedHealthcare Dental PPO®

## Contributory Preferred Portfolio

## South Florida Markets

For groups 2-50 lives with effective dates  
July 1, 2010 to September 30, 2010

### Zone 1— Miami-Dade, Broward, and Palm Beach Counties

Zip Codes included in service area are 330, 331, 332

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- Deductibles are waived for preventative and diagnostic services.
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- For plan details, refer to the plan Schedule of Benefits.
- Dental Dual Option Available—PPO/DHMO minimum of 5 eligible with 3 enrolled. PPO/PPO minimum of 10 enrolled.

Groups 5-9			Coinsurance				Rates (\$)							
Plan	CMM*	Voluntary OR Contributory	In Network	Out of Network	Endo, Perio, Oral Surgery (In/Out)	Annual Max (In/Out)	Ded \$ (Ind/Fam)	Ortho Max (In/Out)	OON Payment Basis	Waiting Period In months	EE only	EE & SP	EE & Child(ren)	Family
P0202	No	Contributory	100/80/50	100/80/50	80/80	\$1,000	50/150	n/a	MAC <sup>1</sup>	None	31.08	62.17	65.04	99.29
P0203 <sup>3</sup>	No	Contributory	100/80/50	100/80/50	80/80	\$1,000	50/150	\$1,000	MAC <sup>1</sup>	12	31.36	62.72	65.63	100.18
P5331 <sup>3</sup>	Yes	Contributory	100/90/60	70/50/50	90/50	\$1,500	50/150	\$1000	MAC <sup>1</sup>	None	33.53	67.07	70.17	107.12
P5333 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	None	MAC <sup>1</sup>	None	37.76	75.53	79.02	120.63
P0042	No	Contributory	100/80/50	80/60/50	80/60	\$1,500/\$1000	50/150	n/a	U&C <sup>2</sup> /85%	12	39.36	78.73	82.37	125.75
P3434	Yes	Contributory	100/80/50	80/60/50	80/60	\$1000	50/150	n/a	U&C <sup>2</sup> /85%	None	39.38	78.76	82.40	125.79
P7302 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	\$1000	MAC <sup>1</sup>	None	39.72	79.44	83.12	126.89
P5348 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$2,000	50/150	None	MAC <sup>1</sup>	None	40.64	81.27	85.04	129.81
P0038 <sup>3</sup>	No	Contributory	100/80/50	80/60/50	80/60	\$1,500/\$1000	50/150	\$1,000	U&C <sup>2</sup> /85%	12	41.19	82.39	86.20	131.59
P3418 <sup>3</sup>	Yes	Contributory	100/80/50	80/60/50	80/60	\$1000	50/150	\$1000	U&C <sup>2</sup> /85%	None	41.34	82.67	86.50	132.05
P4229 <sup>3</sup>	No	Contributory	100/90/60	50/50/50	90/50	\$2,000/\$500	0/0 IN 100/300 OON	None	MAC <sup>1</sup>	None	41.57	83.13	86.98	132.78
P7300 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	\$1,500	MAC <sup>1</sup>	None	43.13	86.26	90.26	137.78

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# UnitedHealthcare Dental PPO®

## Contributory Preferred Portfolio

## South Florida Markets

For groups 2-50 lives with effective dates  
July 1, 2010 to September 30, 2010

### Zone 1— Miami-Dade, Broward, and Palm Beach Counties

Zip Codes included in service area are 330, 331, 332

**Contribution and Participation Requirements:** For Contributory plans, employer contribution minimum 50% of the employee rate and employee participation 75% of eligible employees who do not waive coverage (minimum 50% participation overall). For Voluntary plans, minimum 2 employees enrolled and for plans with Orthodontia 8 or more employees enrolled.

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- Dental Dual Option Available—PPO/DHMO minimum of 5 eligible with 3 enrolled. PPO/PPO minimum of 10 enrolled.

Groups 10-20			Coinsurance				Rates (\$)							
Plan	CMM*	Voluntary OR Contributory	In Network	Out of Network	Endo, Perio, Oral Surgery (In/Out)	Annual Max (In/Out)	Ded \$ (Ind/Fam)	Ortho Max (In/Out)	OON Payment Basis	Waiting Period In months	EE only	EE & SP	EE & Child(ren)	Family
P0202	No	Contributory	100/80/50	100/80/50	80/80	\$1,000	50/150	n/a	MAC <sup>1</sup>	None	29.40	58.81	61.53	93.93
P0203 <sup>3</sup>	No	Contributory	100/80/50	100/80/50	80/80	\$1,000	50/150	\$1,000	MAC <sup>1</sup>	12	29.67	59.33	62.08	94.77
P5331 <sup>3</sup>	Yes	Contributory	100/90/60	70/50/50	90/50	\$1,500	50/150	\$1000	MAC <sup>1</sup>	None	31.72	63.44	66.38	101.33
P5333 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	None	MAC <sup>1</sup>	None	35.72	71.44	74.75	114.11
P0042	No	Contributory	100/80/50	80/60/50	80/60	\$1,500/\$1000	50/150	n/a	U&C <sup>2</sup> /85%	12	37.24	74.47	77.92	118.95
P3434	Yes	Contributory	100/80/50	80/60/50	80/60	\$1000	50/150	n/a	U&C <sup>2</sup> /85%	None	37.25	74.50	77.95	118.99
P7302 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	\$1000	MAC <sup>1</sup>	None	37.57	75.15	78.63	120.03
P5348 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$2,000	50/150	None	MAC <sup>1</sup>	None	38.44	76.88	80.44	122.80
P0038 <sup>3</sup>	No	Contributory	100/80/50	80/60/50	80/60	\$1,500/\$1000	50/150	\$1,000	U&C <sup>2</sup> /85%	12	38.97	77.93	81.54	124.48
P3418 <sup>3</sup>	Yes	Contributory	100/80/50	80/60/50	80/60	\$1000	50/150	\$1000	U&C <sup>2</sup> /85%	None	39.10	78.20	81.83	124.91
P4229 <sup>3</sup>	No	Contributory	100/90/60	50/50/50	90/50	\$2,000/\$500	0/0 IN 100/300 OON	None	MAC <sup>1</sup>	None	39.32	78.64	82.28	125.60
P7300 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	\$1,500	MAC <sup>1</sup>	None	40.80	81.60	85.38	130.33
P4228 <sup>3</sup>	No	Contributory	100/90/60	50/50/50	90/50	\$2,000/\$500	0/0 IN 100/300 OON	\$2,000/\$500	MAC <sup>1</sup>	None	46.02	92.03	96.29	147.00

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# UnitedHealthcare Dental PPO®

## Contributory Preferred Portfolio

## South Florida Markets

For groups 2-50 lives with effective dates  
July 1, 2010 to September 30, 2010

### Zone 1— Miami-Dade, Broward, and Palm Beach Counties

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Groups 21-24			Coinsurance				Rates (\$)							
Plan	CMM*	Voluntary OR Contributory	In Network	Out of Network	Endo, Perio, Oral Surgery (In/Out)	Annual Max (In/Out)	Ded \$ (Ind/Fam)	Ortho Max (In/Out)	OON Payment Basis	Waiting Period In months	EE only	EE & SP	EE & Child(ren)	Family
P0202	No	Contributory	100/80/50	100/80/50	80/80	\$1,000	50/150	n/a	MAC <sup>1</sup>	None	28.07	56.15	58.75	89.68
P0203 <sup>3</sup>	No	Contributory	100/80/50	100/80/50	80/80	\$1,000	50/150	\$1,000	MAC <sup>1</sup>	12	28.32	56.65	59.27	90.48
P5331 <sup>3</sup>	Yes	Contributory	100/90/60	70/50/50	90/50	\$1,500	50/150	\$1000	MAC <sup>1</sup>	None	30.29	60.57	63.38	96.75
P5333 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	None	MAC <sup>1</sup>	None	34.11	68.21	71.37	108.95
P0042	No	Contributory	100/80/50	80/60/50	80/60	\$1,500/\$1000	50/150	n/a	U&C <sup>2</sup> /85%	12	35.55	71.10	74.40	113.57
P3434	Yes	Contributory	100/80/50	80/60/50	80/60	\$1000	50/150	n/a	U&C <sup>2</sup> /85%	None	35.57	71.13	74.42	113.61
P7302 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	\$1000	MAC <sup>1</sup>	None	35.87	71.75	75.07	114.60
P5348 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$2,000	50/150	None	MAC <sup>1</sup>	None	36.70	73.40	76.80	117.24
P0038 <sup>3</sup>	No	Contributory	100/80/50	80/60/50	80/60	\$1,500/\$1000	50/150	\$1,000	U&C <sup>2</sup> /85%	12	37.20	74.41	77.85	118.84
P3418 <sup>3</sup>	Yes	Contributory	100/80/50	80/60/50	80/60	\$1000	50/150	\$1000	U&C <sup>2</sup> /85%	None	37.33	74.67	78.12	119.26
P4229 <sup>3</sup>	No	Contributory	100/90/60	50/50/50	90/50	\$2,000/\$500	0/0 IN 100/300 OON	None	MAC <sup>1</sup>	None	37.54	75.08	78.55	119.92
P7300 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	\$1,500	MAC <sup>1</sup>	None	38.95	77.91	81.51	124.44
P4228 <sup>3</sup>	No	Contributory	100/90/60	50/50/50	90/50	\$2,000/\$500	0/0 IN 100/300 OON	\$2,000/\$500	MAC <sup>1</sup>	None	43.93	87.87	91.94	140.35

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# UnitedHealthcare Dental PPO<sup>®</sup>

## Contributory Preferred Portfolio

## South Florida Markets

For groups 2-50 lives with effective dates  
July 1, 2010 to September 30, 2010

### Zone 1— Miami-Dade, Broward, and Palm Beach Counties

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- Dental Dual Option Available—PPO/DHMO minimum of 5 eligible with 3 enrolled. PPO/PPO minimum of 10 enrolled.

Groups 25-50			Coinsurance				Rates (\$)							
Plan	CMM*	Voluntary OR Contributory	In Network	Out of Network	Endo, Perio, Oral Surgery (In/Out)	Annual Max (In/Out)	Ded \$ (Ind/Fam)	Ortho Max (In/Out)	OON Payment Basis	Waiting Period In months	EE only	EE & SP	EE & Child(ren)	Family
P0202	No	Contributory	100/80/50	100/80/50	80/80	\$1,000	50/150	n/a	MAC <sup>1</sup>	None	26.99	53.98	56.48	86.21
P0203 <sup>3</sup>	No	Contributory	100/80/50	100/80/50	80/80	\$1,000	50/150	\$1,000	MAC <sup>1</sup>	12	27.23	54.46	56.98	86.99
P5331 <sup>3</sup>	Yes	Contributory	100/90/60	70/50/50	90/50	\$1,500	50/150	\$1000	MAC <sup>1</sup>	None	29.12	58.23	60.93	93.01
P5333 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	None	MAC <sup>1</sup>	None	32.79	65.58	68.61	104.74
P0042	No	Contributory	100/80/50	80/60/50	80/60	\$1,500/\$1000	50/150	n/a	U&C <sup>2</sup> /85%	12	34.18	68.36	71.52	109.18
P3434	Yes	Contributory	100/80/50	80/60/50	80/60	\$1000	50/150	n/a	U&C <sup>2</sup> /85%	None	34.19	68.38	71.55	109.22
P7302 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	\$1000	MAC <sup>1</sup>	None	34.49	68.98	72.17	110.17
P5348 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$2,000	50/150	None	MAC <sup>1</sup>	None	35.28	70.57	73.83	112.71
P0038 <sup>3</sup>	No	Contributory	100/80/50	80/60/50	80/60	\$1,500/\$1000	50/150	\$1,000	U&C <sup>2</sup> /85%	12	35.77	71.53	74.84	114.25
P3418 <sup>3</sup>	Yes	Contributory	100/80/50	80/60/50	80/60	\$1000	50/150	\$1000	U&C <sup>2</sup> /85%	None	35.89	71.78	75.11	114.65
P4229 <sup>3</sup>	No	Contributory	100/90/60	50/50/50	90/50	\$2,000/\$500	0/0 IN 100/300 OON	None	MAC <sup>1</sup>	None	36.09	72.18	75.52	115.29
P7300 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	\$1,500	MAC <sup>1</sup>	None	37.45	74.90	78.37	119.63
P4228 <sup>3</sup>	No	Contributory	100/90/60	50/50/50	90/50	\$2,000/\$500	0/0 IN 100/300 OON	\$2,000/\$500	MAC <sup>1</sup>	None	42.24	84.48	88.39	134.93

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# UnitedHealthcare Dental PPO®

## Voluntary Preferred Portfolio

## South Florida Markets

For groups 2-50 lives with effective dates  
July 1, 2010 to September 30, 2010

### Zone 2— Miami-Dade, Broward, and Palm Beach Counties

Zip Codes included in service area are 333

**Contribution and Participation Requirements:** For Contributory plans, employer contribution minimum 50% of the employee rate and employee participation 75% of eligible employees who do not waive coverage (minimum 50% participation overall). For Voluntary plans, minimum 2 employees enrolled and for plans with Orthodontia 8 or more employees enrolled.

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- For plan details, refer to the plan Schedule of Benefits.
- Dental Dual Option Available—PPO/DHMO minimum of 5 eligible with 3 enrolled. PPO/PPO minimum of 10 enrolled.

Groups 2-4			Coinsurance			Rates (\$)								
Plan	CMM*	Voluntary OR Contributory	In Network	Out of Network	Endo, Perio, Oral Surgery (In/Out)	Annual Max (In/Out)	Ded \$ (Ind/Fam)	Ortho Max (In/Out)	OON Payment Basis	Waiting Period In months	EE only	EE & SP	EE & Child(ren)	Family
P1215 <sup>3</sup>	No	Voluntary	100/80/50	80/60/50	50/50	\$1,000	50/150	\$1000/n/a	MAC <sup>1</sup>	12	25.02	50.04	52.36	79.93
P3308	Yes	Voluntary	100/80/50	80/50/50	50/50	\$1,500	50/150	n/a	MAC <sup>1</sup>	12	26.17	52.34	54.77	83.61
P1211	No	Voluntary	100/80/50	100/80/50	50/50	\$1,000	50/150	n/a	MAC <sup>1</sup>	12	26.52	53.04	55.49	84.72
P3303	No	Voluntary	100/80/50	90/60/50	50/50	\$1,200	50/150	n/a	MAC <sup>1</sup>	None	26.71	53.42	55.90	85.33
P3309 <sup>3</sup>	Yes	Voluntary	100/80/50	80/50/50	50/50	\$1,500	50/150	\$1000	MAC <sup>1</sup>	12	27.99	55.99	58.58	89.42
P3302 <sup>3</sup>	No	Voluntary	100/80/50	90/60/50	50/50	\$1,200	50/150	\$1000	MAC <sup>1</sup>	None	28.62	57.24	59.89	91.43
P3343 <sup>3</sup>	Yes	Voluntary	100/90/50	100/80/50	90/80	\$1,000	50/150	\$1000	U&C <sup>2</sup> /85%	None	54.46	108.92	113.97	173.98

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- Rates are guaranteed for 12 months.
- Deductibles are waived for preventative and diagnostic services.
- Dental packaged with UnitedHealthcare medical products must be same rating tier structure for administration of eligibility.
- For plan details, refer to the plan Schedule of Benefits.
- Dental Dual Option Available—PPO/DHMO minimum of 5 eligible with 3 enrolled. PPO/PPO minimum of 10 enrolled.

Groups 5-9			Coinsurance			Rates (\$)								
Plan	CMM*	Voluntary OR Contributory	In Network	Out of Network	Endo, Perio, Oral Surgery (In/Out)	Annual Max (In/Out)	Ded \$ (Ind/Fam)	Ortho Max (In/Out)	OON Payment Basis	Waiting Period In months	EE only	EE & SP	EE & Child(ren)	Family
P1215 <sup>3</sup>	No	Voluntary	100/80/50	80/60/50	50/50	\$1,000	50/150	\$1000/n/a	MAC <sup>1</sup>	12	22.77	45.53	47.64	72.72
P3308	Yes	Voluntary	100/80/50	80/50/50	50/50	\$1,500	50/150	n/a	MAC <sup>1</sup>	12	23.81	47.63	49.83	76.07
P1211	No	Voluntary	100/80/50	100/80/50	50/50	\$1,000	50/150	n/a	MAC <sup>1</sup>	12	24.13	48.26	50.49	77.08
P3303	No	Voluntary	100/80/50	90/60/50	50/50	\$1,200	50/150	n/a	MAC <sup>1</sup>	None	24.30	48.61	50.86	77.64
P3309 <sup>3</sup>	Yes	Voluntary	100/80/50	80/50/50	50/50	\$1,500	50/150	\$1000	MAC <sup>1</sup>	12	25.47	50.94	53.30	81.36
P3302 <sup>3</sup>	No	Voluntary	100/80/50	90/60/50	50/50	\$1,200	50/150	\$1000	MAC <sup>1</sup>	None	26.04	52.08	54.49	83.19
P3343 <sup>3</sup>	Yes	Voluntary	100/90/50	100/80/50	90/80	\$1,000	50/150	\$1000	U&C <sup>2</sup> /85%	None	49.55	99.11	103.70	158.30

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- Dental Dual Option Available—PPO/DHMO minimum of 5 eligible with 3 enrolled. PPO/PPO minimum of 10 enrolled.

Groups 10-20			Coinsurance			Rates (\$)								
Plan	CMM*	Voluntary OR Contributory	In Network	Out of Network	Endo, Perio, Oral Surgery (In/Out)	Annual Max (In/Out)	Ded \$ (Ind/Fam)	Ortho Max (In/Out)	OON Payment Basis	Waiting Period In months	EE only	EE & SP	EE & Child(ren)	Family
P1215 <sup>3</sup>	No	Voluntary	100/80/50	80/60/50	50/50	\$1,000	50/150	\$1000/n/a	MAC <sup>1</sup>	12	21.53	43.07	45.06	68.79
P3308	Yes	Voluntary	100/80/50	80/50/50	50/50	\$1,500	50/150	n/a	MAC <sup>1</sup>	12	22.53	45.05	47.14	71.96
P1211	No	Voluntary	100/80/50	100/80/50	50/50	\$1,000	50/150	n/a	MAC <sup>1</sup>	12	22.83	45.65	47.76	72.91
P3303	No	Voluntary	100/80/50	90/60/50	50/50	\$1,200	50/150	n/a	MAC <sup>1</sup>	None	22.99	45.98	48.11	73.44
P3309 <sup>3</sup>	Yes	Voluntary	100/80/50	80/50/50	50/50	\$1,500	50/150	\$1000	MAC <sup>1</sup>	12	24.09	48.19	50.42	76.97
P3302 <sup>3</sup>	No	Voluntary	100/80/50	90/60/50	50/50	\$1,200	50/150	\$1000	MAC <sup>1</sup>	None	24.63	49.27	51.55	78.69
P3343 <sup>3</sup>	Yes	Voluntary	100/90/50	100/80/50	90/80	\$1,000	50/150	\$1000	U&C <sup>2</sup> /85%	None	46.88	93.75	98.09	149.74

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- Dental Dual Option Available—PPO/DHMO minimum of 5 eligible with 3 enrolled. PPO/PPO minimum of 10 enrolled.

Groups 21-24			Coinsurance			Rates (\$)								
Plan	CMM*	Voluntary OR Contributory	In Network	Out of Network	Endo, Perio, Oral Surgery (In/Out)	Annual Max (In/Out)	Ded \$ (Ind/Fam)	Ortho Max (In/Out)	OON Payment Basis	Waiting Period In months	EE only	EE & SP	EE & Child(ren)	Family
P1215 <sup>3</sup>	No	Voluntary	100/80/50	80/60/50	50/50	\$1,000	50/150	\$1000/n/a	MAC <sup>1</sup>	12	20.56	41.12	43.02	65.68
P3308	Yes	Voluntary	100/80/50	80/50/50	50/50	\$1,500	50/150	n/a	MAC <sup>1</sup>	12	21.51	43.01	45.01	68.70
P1211	No	Voluntary	100/80/50	100/80/50	50/50	\$1,000	50/150	n/a	MAC <sup>1</sup>	12	21.79	43.58	45.60	69.61
P3303	No	Voluntary	100/80/50	90/60/50	50/50	\$1,200	50/150	n/a	MAC <sup>1</sup>	None	21.95	43.90	45.93	70.12
P3309 <sup>3</sup>	Yes	Voluntary	100/80/50	80/50/50	50/50	\$1,500	50/150	\$1000	MAC <sup>1</sup>	12	23.00	46.01	48.14	73.48
P3302 <sup>3</sup>	No	Voluntary	100/80/50	90/60/50	50/50	\$1,200	50/150	\$1000	MAC <sup>1</sup>	None	23.52	47.04	49.21	75.13
P3343 <sup>3</sup>	Yes	Voluntary	100/90/50	100/80/50	90/80	\$1,000	50/150	\$1000	U&C <sup>2</sup> /85%	None	44.75	89.51	93.65	142.97

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Groups 25-50			Coinsurance			Rates (\$)								
Plan	CMM*	Voluntary OR Contributory	In Network	Out of Network	Endo, Perio, Oral Surgery (In/Out)	Annual Max (In/Out)	Ded \$ (Ind/Fam)	Ortho Max (In/Out)	OON Payment Basis	Waiting Period In months	EE only	EE & SP	EE & Child(ren)	Family
P1215 <sup>3</sup>	No	Voluntary	100/80/50	80/60/50	50/50	\$1,000	50/150	\$1000/n/a	MAC <sup>1</sup>	12	19.77	39.53	41.36	63.14
P3308	Yes	Voluntary	100/80/50	80/50/50	50/50	\$1,500	50/150	n/a	MAC <sup>1</sup>	12	20.68	41.35	43.27	66.05
P1211	No	Voluntary	100/80/50	100/80/50	50/50	\$1,000	50/150	n/a	MAC <sup>1</sup>	12	20.95	41.90	43.84	66.93
P3303	No	Voluntary	100/80/50	90/60/50	50/50	\$1,200	50/150	n/a	MAC <sup>1</sup>	None	21.10	42.21	44.16	67.41
P3309 <sup>3</sup>	Yes	Voluntary	100/80/50	80/50/50	50/50	\$1,500	50/150	\$1000	MAC <sup>1</sup>	12	22.11	44.23	46.28	70.64
P3302 <sup>3</sup>	No	Voluntary	100/80/50	90/60/50	50/50	\$1,200	50/150	\$1000	MAC <sup>1</sup>	None	22.61	45.22	47.31	72.23
P3343 <sup>3</sup>	Yes	Voluntary	100/90/50	100/80/50	90/80	\$1,000	50/150	\$1000	U&C <sup>2</sup> /85%	None	43.03	86.05	90.04	137.44

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# UnitedHealthcare Dental PPO®

## Contributory Preferred Portfolio

## South Florida Markets

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- Rates are guaranteed for 12 months.
- Deductibles are waived for preventative and diagnostic services.
- Dental packaged with UnitedHealthcare medical products must be same rating tier structure for administration of eligibility.
- For plan details, refer to the plan Schedule of Benefits.
- Dental Dual Option Available—PPO/DHMO minimum of 5 eligible with 3 enrolled. PPO/PPO minimum of 10 enrolled.

Groups 2-4			Coinsurance			Rates (\$)								
Plan	CMM*	Voluntary OR Contributory	In Network	Out of Network	Endo, Perio, Oral Surgery (In/Out)	Annual Max (In/Out)	Ded \$ (Ind/Fam)	Ortho Max (In/Out)	OON Payment Basis	Waiting Period In months	EE only	EE & SP	EE & Child(ren)	Family
P0202	No	Contributory	100/80/50	100/80/50	80/80	\$1,000	50/150	n/a	MAC <sup>1</sup>	None	30.61	61.22	64.05	97.78
P0203 <sup>3</sup>	No	Contributory	100/80/50	100/80/50	80/80	\$1,000	50/150	\$1,000	MAC <sup>1</sup>	12	30.88	61.77	64.63	98.66
P5331 <sup>3</sup>	Yes	Contributory	100/90/60	70/50/50	90/50	\$1,500	50/150	\$1000	MAC <sup>1</sup>	None	33.02	66.05	69.10	105.49
P5333 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	None	MAC <sup>1</sup>	None	37.19	74.38	77.82	118.79
P0042	No	Contributory	100/80/50	80/60/50	80/60	\$1,500/\$1000	50/150	n/a	U&C <sup>2</sup> /85%	12	38.76	77.53	81.12	123.83
P3434	Yes	Contributory	100/80/50	80/60/50	80/60	\$1000	50/150	n/a	U&C <sup>2</sup> /85%	None	38.78	77.56	81.15	123.88
P7302 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	\$1000	MAC <sup>1</sup>	None	39.12	78.23	81.85	124.95
P5348 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$2,000	50/150	None	MAC <sup>1</sup>	None	40.02	80.03	83.74	127.83
P0038 <sup>3</sup>	No	Contributory	100/80/50	80/60/50	80/60	\$1,500/\$1000	50/150	\$1,000	U&C <sup>2</sup> /85%	12	40.57	81.13	84.89	129.58
P3418 <sup>3</sup>	Yes	Contributory	100/80/50	80/60/50	80/60	\$1000	50/150	\$1000	U&C <sup>2</sup> /85%	None	40.71	81.41	85.18	130.03
P4229 <sup>3</sup>	No	Contributory	100/90/60	50/50/50	90/50	\$2,000/\$500	0/0 IN 100/300 OON	None	MAC <sup>1</sup>	None	40.93	81.86	85.65	130.75
P7300 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	\$1,500	MAC <sup>1</sup>	None	42.47	84.95	88.88	135.68

\* Consumer MaxMultiplier<sup>SM</sup> (CMM) feature enables members to carry forward a portion of the dental plan's unused annual maximum according to program rules.

<sup>1</sup> MAC: The non-network percentage of benefits is based on the allowable amount applicable for the same service that would have been rendered by a network provider. (MAC = Maximum Allowable Charge).

<sup>2</sup> UCR: The non-network percentage of benefits is based on the schedule of usual & customary fees in the geographic area in which the expenses incurred. (UCR = Usual Customary and Reasonable).

<sup>3</sup> Orthodontia benefit is paid at 50% and is available to group of 10+ eligible and 8 enrollees.

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# UnitedHealthcare Dental PPO®

## Contributory Preferred Portfolio

## South Florida Markets

For groups 2-50 lives with effective dates

### Zone 2— Miami-Dade, Broward, and Palm Beach Counties

Zip Codes included in service area are 333

**Contribution and Participation Requirements:** For Contributory plans, employer contribution minimum 50% of the employee rate and employee participation 75% of eligible employees who do not waive coverage (minimum 50% participation overall). For Voluntary plans, minimum 2 employees enrolled and for plans with Orthodontia 8 or more employees enrolled.

- Rates are guaranteed for 12 months.
- Deductibles are waived for preventative and diagnostic services.
- Dental packaged with UnitedHealthcare medical products must be same rating tier structure for administration of eligibility.
- For plan details, refer to the plan Schedule of Benefits.
- Dental Dual Option Available—PPO/DHMO minimum of 5 eligible with 3 enrolled. PPO/PPO minimum of 10 enrolled.

Groups 5-9			Coinsurance			Rates (\$)								
Plan	CMM*	Voluntary OR Contributory	In Network	Out of Network	Endo, Perio, Oral Surgery (In/Out)	Annual Max (In/Out)	Ded \$ (Ind/Fam)	Ortho Max (In/Out)	OON Payment Basis	Waiting Period In months	EE only	EE & SP	EE & Child(ren)	Family
P0202	No	Contributory	100/80/50	100/80/50	80/80	\$1,000	50/150	n/a	MAC <sup>1</sup>	None	27.85	55.70	58.28	88.97
P0203 <sup>3</sup>	No	Contributory	100/80/50	100/80/50	80/80	\$1,000	50/150	\$1,000	MAC <sup>1</sup>	12	28.10	56.20	58.80	89.77
P5331 <sup>3</sup>	Yes	Contributory	100/90/60	70/50/50	90/50	\$1,500	50/150	\$1000	MAC <sup>1</sup>	None	30.05	60.09	62.88	95.98
P5333 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	None	MAC <sup>1</sup>	None	33.84	67.67	70.81	108.09
P0042	No	Contributory	100/80/50	80/60/50	80/60	\$1,500/\$1000	50/150	n/a	U&C <sup>2</sup> /85%	12	35.27	70.54	73.81	112.67
P3434	Yes	Contributory	100/80/50	80/60/50	80/60	\$1000	50/150	n/a	U&C <sup>2</sup> /85%	None	35.28	70.57	73.83	112.71
P7302 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	\$1000	MAC <sup>1</sup>	None	35.59	71.18	74.48	113.69
P5348 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$2,000	50/150	None	MAC <sup>1</sup>	None	36.41	72.82	76.19	116.31
P0038 <sup>3</sup>	No	Contributory	100/80/50	80/60/50	80/60	\$1,500/\$1000	50/150	\$1,000	U&C <sup>2</sup> /85%	12	36.91	73.82	77.24	117.90
P3418 <sup>3</sup>	Yes	Contributory	100/80/50	80/60/50	80/60	\$1000	50/150	\$1000	U&C <sup>2</sup> /85%	None	37.04	74.08	77.50	118.31
P4229 <sup>3</sup>	No	Contributory	100/90/60	50/50/50	90/50	\$2,000/\$500	0/0 IN 100/300 OON	None	MAC <sup>1</sup>	None	37.24	74.48	77.93	118.97
P7300 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	\$1,500	MAC <sup>1</sup>	None	38.65	77.29	80.87	123.45

\* Consumer MaxMultiplier<sup>SM</sup> (CMM) feature enables members to carry forward a portion of the dental plan's unused annual maximum according to program rules.

<sup>1</sup> MAC: The non-network percentage of benefits is based on the allowable amount applicable for the same service that would have been rendered by a network provider. (MAC = Maximum Allowable Charge).

<sup>2</sup> UCR: The non-network percentage of benefits is based on the schedule of usual & customary fees in the geographic area in which the expenses incurred. (UCR = Usual Customary and Reasonable).

<sup>3</sup> Orthodontia benefit is paid at 50% and is available to group of 10+ eligible and 8 enrollees.

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# UnitedHealthcare Dental PPO®

## Contributory Preferred Portfolio

## South Florida Markets

For groups 2-50 lives with effective dates

### Zone 2— Miami-Dade, Broward, and Palm Beach Counties

Zip Codes included in service area are 333

**Contribution and Participation Requirements:** For Contributory plans, employer contribution minimum 50% of the employee rate and employee participation 75% of eligible employees who do not waive coverage (minimum 50% participation overall). For Voluntary plans, minimum 2 employees enrolled and for plans with Orthodontia 8 or more employees enrolled.

- Rates are guaranteed for 12 months.
- Deductibles are waived for preventative and diagnostic services.
- Dental packaged with UnitedHealthcare medical products must be same rating tier structure for administration of eligibility.
- For plan details, refer to the plan Schedule of Benefits.
- Dental Dual Option Available—PPO/DHMO minimum of 5 eligible with 3 enrolled. PPO/PPO minimum of 10 enrolled.

Groups 10-20			Coinsurance					Rates (\$)						
Plan	CMM*	Voluntary OR Contributory	In Network	Out of Network	Endo, Perio, Oral Surgery (In/Out)	Annual Max (In/Out)	Ded \$ (Ind/Fam)	Ortho Max (In/Out)	OON Payment Basis	Waiting Period In months	EE only	EE & SP	EE & Child(ren)	Family
P0202	No	Contributory	100/80/50	100/80/50	80/80	\$1,000	50/150	n/a	MAC <sup>1</sup>	None	26.35	52.69	55.13	84.16
P0203 <sup>3</sup>	No	Contributory	100/80/50	100/80/50	80/80	\$1,000	50/150	\$1,000	MAC <sup>1</sup>	12	26.58	53.16	55.62	84.91
P5331 <sup>3</sup>	Yes	Contributory	100/90/60	70/50/50	90/50	\$1,500	50/150	\$1000	MAC <sup>1</sup>	None	28.42	56.85	59.48	90.79
P5333 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	None	MAC <sup>1</sup>	None	32.01	64.01	66.98	102.25
P0042	No	Contributory	100/80/50	80/60/50	80/60	\$1,500/\$1000	50/150	n/a	U&C <sup>2</sup> /85%	12	33.36	66.73	69.82	106.58
P3434	Yes	Contributory	100/80/50	80/60/50	80/60	\$1000	50/150	n/a	U&C <sup>2</sup> /85%	None	33.38	66.75	69.84	106.62
P7302 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	\$1000	MAC <sup>1</sup>	None	33.67	67.33	70.45	107.55
P5348 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$2,000	50/150	None	MAC <sup>1</sup>	None	34.44	68.89	72.07	110.02
P0038 <sup>3</sup>	No	Contributory	100/80/50	80/60/50	80/60	\$1,500/\$1000	50/150	\$1,000	U&C <sup>2</sup> /85%	12	34.91	69.83	73.06	111.53
P3418 <sup>3</sup>	Yes	Contributory	100/80/50	80/60/50	80/60	\$1000	50/150	\$1000	U&C <sup>2</sup> /85%	None	35.04	70.07	73.32	111.92
P4229 <sup>3</sup>	No	Contributory	100/90/60	50/50/50	90/50	\$2,000/\$500	0/0 IN 100/300 OON	None	MAC <sup>1</sup>	None	35.23	70.46	73.72	112.54
P7300 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	\$1,500	MAC <sup>1</sup>	None	36.56	73.11	76.50	116.78
P4228 <sup>3</sup>	No	Contributory	100/90/60	50/50/50	90/50	\$2,000/\$500	0/0 IN 100/300 OON	\$2,000/\$500	MAC <sup>1</sup>	None	41.23	82.46	86.28	131.71

\* Consumer MaxMultiplier<sup>SM</sup> (CMM) feature enables members to carry forward a portion of the dental plan's unused annual maximum according to program rules.

<sup>1</sup> MAC: The non-network percentage of benefits is based on the allowable amount applicable for the same service that would have been rendered by a network provider. (MAC = Maximum Allowable Charge).

<sup>2</sup> UCR: The non-network percentage of benefits is based on the schedule of usual & customary fees in the geographic area in which the expenses incurred. (UCR = Usual Customary and Reasonable).

<sup>3</sup> Orthodontia benefit is paid at 50% and is available to group of 10+ eligible and 8 enrollees.

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# UnitedHealthcare Dental PPO®

## Contributory Preferred Portfolio

## South Florida Markets

For groups 2-50 lives with effective dates

### Zone 2— Miami-Dade, Broward, and Palm Beach Counties

Zip Codes included in service area are 333

**Contribution and Participation Requirements:** For Contributory plans, employer contribution minimum 50% of the employee rate and employee participation 75% of eligible employees who do not waive coverage (minimum 50% participation overall). For Voluntary plans, minimum 2 employees enrolled and for plans with Orthodontia 8 or more employees enrolled.

- Rates are guaranteed for 12 months.
- Deductibles are waived for preventative and diagnostic services.
- Dental packaged with UnitedHealthcare medical products must be same rating tier structure for administration of eligibility.
- For plan details, refer to the plan Schedule of Benefits.
- Dental Dual Option Available—PPO/DHMO minimum of 5 eligible with 3 enrolled. PPO/PPO minimum of 10 enrolled.

Groups 21-24			Coinsurance			Rates (\$)								
Plan	CMM*	Voluntary OR Contributory	In Network	Out of Network	Endo, Perio, Oral Surgery (In/Out)	Annual Max (In/Out)	Ded \$ (Ind/Fam)	Ortho Max (In/Out)	OON Payment Basis	Waiting Period In months	EE only	EE & SP	EE & Child(ren)	Family
P0202	No	Contributory	100/80/50	100/80/50	80/80	\$1,000	50/150	n/a	MAC <sup>1</sup>	None	25.15	50.31	52.64	80.35
P0203 <sup>3</sup>	No	Contributory	100/80/50	100/80/50	80/80	\$1,000	50/150	\$1,000	MAC <sup>1</sup>	12	25.38	50.76	53.11	81.07
P5331 <sup>3</sup>	Yes	Contributory	100/90/60	70/50/50	90/50	\$1,500	50/150	\$1000	MAC <sup>1</sup>	None	27.14	54.27	56.79	86.69
P5333 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	None	MAC <sup>1</sup>	None	30.56	61.12	63.95	97.62
P0042	No	Contributory	100/80/50	80/60/50	80/60	\$1,500/\$1000	50/150	n/a	U&C <sup>2</sup> /85%	12	31.85	63.71	66.66	101.76
P3434	Yes	Contributory	100/80/50	80/60/50	80/60	\$1000	50/150	n/a	U&C <sup>2</sup> /85%	None	31.87	63.73	66.68	101.80
P7302 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	\$1000	MAC <sup>1</sup>	None	32.14	64.29	67.26	102.68
P5348 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$2,000	50/150	None	MAC <sup>1</sup>	None	32.88	65.77	68.81	105.05
P0038 <sup>3</sup>	No	Contributory	100/80/50	80/60/50	80/60	\$1,500/\$1000	50/150	\$1,000	U&C <sup>2</sup> /85%	12	33.33	66.67	69.76	106.48
P3418 <sup>3</sup>	Yes	Contributory	100/80/50	80/60/50	80/60	\$1000	50/150	\$1000	U&C <sup>2</sup> /85%	None	33.45	66.90	70.00	106.86
P4229 <sup>3</sup>	No	Contributory	100/90/60	50/50/50	90/50	\$2,000/\$500	0/0 IN 100/300 OON	None	MAC <sup>1</sup>	None	33.64	67.27	70.38	107.45
P7300 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	\$1,500	MAC <sup>1</sup>	None	34.90	69.81	73.04	111.49
P4228 <sup>3</sup>	No	Contributory	100/90/60	50/50/50	90/50	\$2,000/\$500	0/0 IN 100/300 OON	\$2,000/\$500	MAC <sup>1</sup>	None	39.37	78.73	82.38	125.75

\* Consumer MaxMultiplier<sup>SM</sup> (CMM) feature enables members to carry forward a portion of the dental plan's unused annual maximum according to program rules.

1 MAC: The non-network percentage of benefits is based on the allowable amount applicable for the same service that would have been rendered by a network provider. (MAC = Maximum Allowable Charge).

2 UCR: The non-network percentage of benefits is based on the schedule of usual & customary fees in the geographic area in which the expenses incurred. (UCR = Usual Customary and Reasonable).

3 Orthodontia benefit is paid at 50% and is available to group of 10+ eligible and 8 enrollees.

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# UnitedHealthcare Dental PPO®

## Contributory Preferred Portfolio

## South Florida Markets

For groups 2-50 lives with effective dates

### Zone 2– Miami-Dade, Broward, and Palm Beach Counties

Zip Codes included in service area are 333

**Contribution and Participation Requirements:** For Contributory plans, employer contribution minimum 50% of the employee rate and employee participation 75% of eligible employees who do not waive coverage (minimum 50% participation overall). For Voluntary plans, minimum 2 employees enrolled and for plans with Orthodontia 8 or more employees enrolled.

- Rates are guaranteed for 12 months.
- Deductibles are waived for preventative and diagnostic services.
- Dental packaged with UnitedHealthcare medical products must be same rating tier structure for administration of eligibility.
- For plan details, refer to the plan Schedule of Benefits.
- Dental Dual Option Available—PPO/DHMO minimum of 5 eligible with 3 enrolled. PPO/PPO minimum of 10 enrolled.

Groups 25-50			Coinsurance					Rates (\$)						
Plan	CMM*	Voluntary OR Contributory	In Network	Out of Network	Endo, Perio, Oral Surgery (In/Out)	Annual Max (In/Out)	Ded \$ (Ind/Fam)	Ortho Max (In/Out)	OON Payment Basis	Waiting Period In months	EE only	EE & SP	EE & Child(ren)	Family
P0202	No	Contributory	100/80/50	100/80/50	80/80	\$1,000	50/150	n/a	MAC <sup>1</sup>	None	24.18	48.36	50.60	77.25
P0203 <sup>3</sup>	No	Contributory	100/80/50	100/80/50	80/80	\$1,000	50/150	\$1,000	MAC <sup>1</sup>	12	24.40	48.80	51.06	77.94
P5331 <sup>3</sup>	Yes	Contributory	100/90/60	70/50/50	90/50	\$1,500	50/150	\$1000	MAC <sup>1</sup>	None	26.09	52.18	54.59	83.34
P5333 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	None	MAC <sup>1</sup>	None	29.38	58.76	61.48	93.85
P0042	No	Contributory	100/80/50	80/60/50	80/60	\$1,500/\$1000	50/150	n/a	U&C <sup>2</sup> /85%	12	30.62	61.25	64.08	97.83
P3434	Yes	Contributory	100/80/50	80/60/50	80/60	\$1000	50/150	n/a	U&C <sup>2</sup> /85%	None	30.64	61.27	64.11	97.86
P7302 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	\$1000	MAC <sup>1</sup>	None	30.90	61.80	64.66	98.71
P5348 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$2,000	50/150	None	MAC <sup>1</sup>	None	31.61	63.23	66.16	100.99
P0038 <sup>3</sup>	No	Contributory	100/80/50	80/60/50	80/60	\$1,500/\$1000	50/150	\$1,000	U&C <sup>2</sup> /85%	12	32.05	64.09	67.06	102.37
P3418 <sup>3</sup>	Yes	Contributory	100/80/50	80/60/50	80/60	\$1000	50/150	\$1000	U&C <sup>2</sup> /85%	None	32.16	64.32	67.29	102.73
P4229 <sup>3</sup>	No	Contributory	100/90/60	50/50/50	90/50	\$2,000/\$500	0/0 IN 100/300 OON	None	MAC <sup>1</sup>	None	32.34	64.67	67.67	103.30
P7300 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	\$1,500	MAC <sup>1</sup>	None	33.55	67.11	70.22	107.19
P4228 <sup>3</sup>	No	Contributory	100/90/60	50/50/50	90/50	\$2,000/\$500	0/0 IN 100/300 OON	\$2,000/\$500	MAC <sup>1</sup>	None	37.85	75.69	79.19	120.89

\* **Consumer MaxMultiplier<sup>SM</sup>** (CMM) feature enables members to carry forward a portion of the dental plan's unused annual maximum according to program rules.

<sup>1</sup> MAC: The non-network percentage of benefits is based on the allowable amount applicable for the same service that would have been rendered by a network provider. (MAC = Maximum Allowable Charge).

<sup>2</sup> UCR: The non-network percentage of benefits is based on the schedule of usual & customary fees in the geographic area in which the expenses incurred. (UCR = Usual Customary and Reasonable).

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# UnitedHealthcare Dental PPO®

## Voluntary Preferred Portfolio

## South Florida Markets

For groups 2-50 lives with effective dates  
July 1, 2010 to September 30, 2010

### Zone 3— Miami-Dade, Broward, and Palm Beach Counties

Zip Codes included in service area are 334

**Contribution and Participation Requirements:** For Contributory plans, employer contribution minimum 50% of the employee rate and employee participation 75% of eligible employees who do not waive coverage (minimum 50% participation overall). For Voluntary plans, minimum 2 employees enrolled and for plans with Orthodontia 8 or more employees enrolled.

- Rates are guaranteed for 12 months.
- Deductibles are waived for preventative and diagnostic services.
- Dental packaged with UnitedHealthcare medical products must be same rating tier structure for administration of eligibility.
- For plan details, refer to the plan Schedule of Benefits.
- Dental Dual Option Available—PPO/DHMO minimum of 5 eligible with 3 enrolled. PPO/PPO minimum of 10 enrolled.

Groups 2-4			Coinsurance			Rates (\$)								
Plan	CMM*	Voluntary OR Contributory	In Network	Out of Network	Endo, Perio, Oral Surgery (In/Out)	Annual Max (In/Out)	Ded \$ (Ind/Fam)	Ortho Max (In/Out)	OON Payment Basis	Waiting Period In months	EE only	EE & SP	EE & Child(ren)	Family
P1215 <sup>3</sup>	No	Voluntary	100/80/50	80/60/50	50/50	\$1,000	50/150	\$1000/n/a	MAC <sup>1</sup>	12	23.96	47.92	50.14	76.54
P3308	Yes	Voluntary	100/80/50	80/50/50	50/50	\$1,500	50/150	n/a	MAC <sup>1</sup>	12	25.06	50.12	52.45	80.06
P1211	No	Voluntary	100/80/50	100/80/50	50/50	\$1,000	50/150	n/a	MAC <sup>1</sup>	12	25.39	50.79	53.14	81.12
P3303	No	Voluntary	100/80/50	90/60/50	50/50	\$1,200	50/150	n/a	MAC <sup>1</sup>	None	25.58	51.16	53.53	81.71
P3309 <sup>3</sup>	Yes	Voluntary	100/80/50	80/50/50	50/50	\$1,500	50/150	\$1000	MAC <sup>1</sup>	12	26.81	53.61	56.09	85.63
P3302 <sup>3</sup>	No	Voluntary	100/80/50	90/60/50	50/50	\$1,200	50/150	\$1000	MAC <sup>1</sup>	None	27.41	54.81	57.35	87.55
P3343 <sup>3</sup>	Yes	Voluntary	100/90/50	100/80/50	90/80	\$1,000	50/150	\$1000	U&C <sup>2</sup> /85%	None	52.15	104.30	109.13	166.60

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# UnitedHealthcare Dental PPO®

## Voluntary Preferred Portfolio

## South Florida Markets

For groups 2-50 lives with effective dates  
July 1, 2010 to September 30, 2010

### Zone 3— Miami-Dade, Broward, and Palm Beach Counties

Zip Codes included in service area are 334

**Contribution and Participation Requirements:** For Contributory plans, employer contribution minimum 50% of the employee rate and employee participation 75% of eligible employees who do not waive coverage (minimum 50% participation overall). For Voluntary plans, minimum 2 employees enrolled and for plans with Orthodontia 8 or more employees enrolled.

- Rates are guaranteed for 12 months.
- Deductibles are waived for preventative and diagnostic services.
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- For plan details, refer to the plan Schedule of Benefits.
- Dental Dual Option Available—PPO/DHMO minimum of 5 eligible with 3 enrolled. PPO/PPO minimum of 10 enrolled.

Groups 5-9			Coinsurance			Rates (\$)								
Plan	CMM*	Voluntary OR Contributory	In Network	Out of Network	Endo, Perio, Oral Surgery (In/Out)	Annual Max (In/Out)	Ded \$ (Ind/Fam)	Ortho Max (In/Out)	OON Payment Basis	Waiting Period In months	EE only	EE & SP	EE & Child(ren)	Family
P1215 <sup>3</sup>	No	Voluntary	100/80/50	80/60/50	50/50	\$1,000	50/150	\$1000/n/a	MAC <sup>1</sup>	12	21.80	43.60	45.62	69.64
P3308	Yes	Voluntary	100/80/50	80/50/50	50/50	\$1,500	50/150	n/a	MAC <sup>1</sup>	12	22.80	45.61	47.72	72.85
P1211	No	Voluntary	100/80/50	100/80/50	50/50	\$1,000	50/150	n/a	MAC <sup>1</sup>	12	23.11	46.21	48.35	73.81
P3303	No	Voluntary	100/80/50	90/60/50	50/50	\$1,200	50/150	n/a	MAC <sup>1</sup>	None	23.27	46.55	48.70	74.35
P3309 <sup>3</sup>	Yes	Voluntary	100/80/50	80/50/50	50/50	\$1,500	50/150	\$1000	MAC <sup>1</sup>	12	24.39	48.78	51.04	77.91
P3302 <sup>3</sup>	No	Voluntary	100/80/50	90/60/50	50/50	\$1,200	50/150	\$1000	MAC <sup>1</sup>	None	24.94	49.87	52.18	79.66
P3343 <sup>3</sup>	Yes	Voluntary	100/90/50	100/80/50	90/80	\$1,000	50/150	\$1000	U&C <sup>2</sup> /85%	None	47.45	94.90	99.30	151.58

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- Dental Dual Option Available—PPO/DHMO minimum of 5 eligible with 3 enrolled. PPO/PPO minimum of 10 enrolled.

Groups 10-20			Coinsurance			Rates (\$)								
Plan	CMM*	Voluntary OR Contributory	In Network	Out of Network	Endo, Perio, Oral Surgery (In/Out)	Annual Max (In/Out)	Ded \$ (Ind/Fam)	Ortho Max (In/Out)	OON Payment Basis	Waiting Period In months	EE only	EE & SP	EE & Child(ren)	Family
P1215 <sup>3</sup>	No	Voluntary	100/80/50	80/60/50	50/50	\$1,000	50/150	\$1000/n/a	MAC <sup>1</sup>	12	20.62	41.24	43.15	65.87
P3308	Yes	Voluntary	100/80/50	80/50/50	50/50	\$1,500	50/150	n/a	MAC <sup>1</sup>	12	21.57	43.14	45.14	68.91
P1211	No	Voluntary	100/80/50	100/80/50	50/50	\$1,000	50/150	n/a	MAC <sup>1</sup>	12	21.86	43.71	45.74	69.82
P3303	No	Voluntary	100/80/50	90/60/50	50/50	\$1,200	50/150	n/a	MAC <sup>1</sup>	None	22.02	44.03	46.07	70.33
P3309 <sup>3</sup>	Yes	Voluntary	100/80/50	80/50/50	50/50	\$1,500	50/150	\$1000	MAC <sup>1</sup>	12	23.07	46.14	48.28	73.70
P3302 <sup>3</sup>	No	Voluntary	100/80/50	90/60/50	50/50	\$1,200	50/150	\$1000	MAC <sup>1</sup>	None	23.59	47.18	49.36	75.35
P3343 <sup>3</sup>	Yes	Voluntary	100/90/50	100/80/50	90/80	\$1,000	50/150	\$1000	U&C <sup>2</sup> /85%	None	44.89	89.77	93.93	143.39

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## Voluntary Preferred Portfolio

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- Dental packaged with UnitedHealthcare medical products must be same rating tier structure for administration of eligibility.
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- Dental Dual Option Available—PPO/DHMO minimum of 5 eligible with 3 enrolled. PPO/PPO minimum of 10 enrolled.

Groups 21-24			Coinsurance			Rates (\$)								
Plan	CMM*	Voluntary OR Contributory	In Network	Out of Network	Endo, Perio, Oral Surgery (In/Out)	Annual Max (In/Out)	Ded \$ (Ind/Fam)	Ortho Max (In/Out)	OON Payment Basis	Waiting Period In months	EE only	EE & SP	EE & Child(ren)	Family
P1215 <sup>3</sup>	No	Voluntary	100/80/50	80/60/50	50/50	\$1,000	50/150	\$1000/n/a	MAC <sup>1</sup>	12	19.69	39.38	41.20	62.89
P3308	Yes	Voluntary	100/80/50	80/50/50	50/50	\$1,500	50/150	n/a	MAC <sup>1</sup>	12	20.60	41.19	43.10	65.79
P1211	No	Voluntary	100/80/50	100/80/50	50/50	\$1,000	50/150	n/a	MAC <sup>1</sup>	12	20.87	41.74	43.67	66.66
P3303	No	Voluntary	100/80/50	90/60/50	50/50	\$1,200	50/150	n/a	MAC <sup>1</sup>	None	21.02	42.04	43.98	67.15
P3309 <sup>3</sup>	Yes	Voluntary	100/80/50	80/50/50	50/50	\$1,500	50/150	\$1000	MAC <sup>1</sup>	12	22.03	44.06	46.10	70.37
P3302 <sup>3</sup>	No	Voluntary	100/80/50	90/60/50	50/50	\$1,200	50/150	\$1000	MAC <sup>1</sup>	None	22.52	45.04	47.13	71.94
P3343 <sup>3</sup>	Yes	Voluntary	100/90/50	100/80/50	90/80	\$1,000	50/150	\$1000	U&C <sup>2</sup> /85%	None	42.86	85.71	89.68	136.90

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# UnitedHealthcare Dental PPO®

## Voluntary Preferred Portfolio

## South Florida Markets

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- Deductibles are waived for preventative and diagnostic services.
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Groups 25-50			Coinsurance			Rates (\$)								
Plan	CMM*	Voluntary OR Contributory	In Network	Out of Network	Endo, Perio, Oral Surgery (In/Out)	Annual Max (In/Out)	Ded \$ (Ind/Fam)	Ortho Max (In/Out)	OON Payment Basis	Waiting Period In months	EE only	EE & SP	EE & Child(ren)	Family
P1215 <sup>3</sup>	No	Voluntary	100/80/50	80/60/50	50/50	\$1,000	50/150	\$1000/n/a	MAC <sup>1</sup>	12	18.93	37.86	39.61	60.46
P3308	Yes	Voluntary	100/80/50	80/50/50	50/50	\$1,500	50/150	n/a	MAC <sup>1</sup>	12	19.80	39.60	41.43	63.25
P1211	No	Voluntary	100/80/50	100/80/50	50/50	\$1,000	50/150	n/a	MAC <sup>1</sup>	12	20.06	40.12	41.98	64.09
P3303	No	Voluntary	100/80/50	90/60/50	50/50	\$1,200	50/150	n/a	MAC <sup>1</sup>	None	20.21	40.42	42.29	64.55
P3309 <sup>3</sup>	Yes	Voluntary	100/80/50	80/50/50	50/50	\$1,500	50/150	\$1000	MAC <sup>1</sup>	12	21.18	42.35	44.31	67.65
P3302 <sup>3</sup>	No	Voluntary	100/80/50	90/60/50	50/50	\$1,200	50/150	\$1000	MAC <sup>1</sup>	None	21.65	43.30	45.31	69.16
P3343 <sup>3</sup>	Yes	Voluntary	100/90/50	100/80/50	90/80	\$1,000	50/150	\$1000	U&C <sup>2</sup> /85%	None	41.20	82.40	86.22	131.61

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# UnitedHealthcare Dental PPO®

## Contributory Preferred Portfolio

## South Florida Markets

For groups 2-50 lives with effective dates

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Groups 2-4			Coinsurance			Rates (\$)								
Plan	CMM*	Voluntary OR Contributory	In Network	Out of Network	Endo, Perio, Oral Surgery (In/Out)	Annual Max (In/Out)	Ded \$ (Ind/Fam)	Ortho Max (In/Out)	OON Payment Basis	Waiting Period In months	EE only	EE & SP	EE & Child(ren)	Family
P0202	No	Contributory	100/80/50	100/80/50	80/80	\$1,000	50/150	n/a	MAC <sup>1</sup>	None	29.31	58.62	61.34	93.63
P0203 <sup>3</sup>	No	Contributory	100/80/50	100/80/50	80/80	\$1,000	50/150	\$1,000	MAC <sup>1</sup>	12	29.57	59.15	61.89	94.47
P5331 <sup>3</sup>	Yes	Contributory	100/90/60	70/50/50	90/50	\$1,500	50/150	\$1000	MAC <sup>1</sup>	None	31.62	63.24	66.17	101.02
P5333 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	None	MAC <sup>1</sup>	None	35.61	71.22	74.52	113.76
P0042	No	Contributory	100/80/50	80/60/50	80/60	\$1,500/\$1000	50/150	n/a	U&C <sup>2</sup> /85%	12	37.12	74.24	77.68	118.58
P3434	Yes	Contributory	100/80/50	80/60/50	80/60	\$1000	50/150	n/a	U&C <sup>2</sup> /85%	None	37.13	74.27	77.71	118.62
P7302 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	\$1000	MAC <sup>1</sup>	None	37.46	74.91	78.38	119.65
P5348 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$2,000	50/150	None	MAC <sup>1</sup>	None	38.32	76.64	80.19	122.41
P0038 <sup>3</sup>	No	Contributory	100/80/50	80/60/50	80/60	\$1,500/\$1000	50/150	\$1,000	U&C <sup>2</sup> /85%	12	38.84	77.69	81.29	124.09
P3418 <sup>3</sup>	Yes	Contributory	100/80/50	80/60/50	80/60	\$1000	50/150	\$1000	U&C <sup>2</sup> /85%	None	38.98	77.96	81.57	124.52
P4229 <sup>3</sup>	No	Contributory	100/90/60	50/50/50	90/50	\$2,000/\$500	0/0 IN 100/300 OON	None	MAC <sup>1</sup>	None	39.20	78.39	82.02	125.21
P7300 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	\$1,500	MAC <sup>1</sup>	None	40.67	81.34	85.11	129.93

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# UnitedHealthcare Dental PPO®

## Contributory Preferred Portfolio

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Groups 5-9			Coinsurance			Rates (\$)								
Plan	CMM*	Voluntary OR Contributory	In Network	Out of Network	Endo, Perio, Oral Surgery (In/Out)	Annual Max (In/Out)	Ded \$ (Ind/Fam)	Ortho Max (In/Out)	OON Payment Basis	Waiting Period In months	EE only	EE & SP	EE & Child(ren)	Family
P0202	No	Contributory	100/80/50	100/80/50	80/80	\$1,000	50/150	n/a	MAC <sup>1</sup>	None	26.67	53.34	55.81	85.19
P0203 <sup>3</sup>	No	Contributory	100/80/50	100/80/50	80/80	\$1,000	50/150	\$1,000	MAC <sup>1</sup>	12	26.91	53.82	56.31	85.96
P5331 <sup>3</sup>	Yes	Contributory	100/90/60	70/50/50	90/50	\$1,500	50/150	\$1000	MAC <sup>1</sup>	None	28.77	57.54	60.21	91.91
P5333 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	None	MAC <sup>1</sup>	None	32.40	64.80	67.80	103.50
P0042	No	Contributory	100/80/50	80/60/50	80/60	\$1,500/\$1000	50/150	n/a	U&C <sup>2</sup> /85%	12	33.77	67.55	70.68	107.89
P3434	Yes	Contributory	100/80/50	80/60/50	80/60	\$1000	50/150	n/a	U&C <sup>2</sup> /85%	None	33.79	67.57	70.70	107.93
P7302 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	\$1000	MAC <sup>1</sup>	None	34.08	68.16	71.32	108.87
P5348 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$2,000	50/150	None	MAC <sup>1</sup>	None	34.87	69.73	72.96	111.38
P0038 <sup>3</sup>	No	Contributory	100/80/50	80/60/50	80/60	\$1,500/\$1000	50/150	\$1,000	U&C <sup>2</sup> /85%	12	35.34	70.69	73.96	112.90
P3418 <sup>3</sup>	Yes	Contributory	100/80/50	80/60/50	80/60	\$1000	50/150	\$1000	U&C <sup>2</sup> /85%	None	35.47	70.93	74.22	113.30
P4229 <sup>3</sup>	No	Contributory	100/90/60	50/50/50	90/50	\$2,000/\$500	0/0 IN 100/300 OON	None	MAC <sup>1</sup>	None	35.66	71.33	74.63	113.92
P7300 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	\$1,500	MAC <sup>1</sup>	None	37.01	74.01	77.44	118.22

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# UnitedHealthcare Dental PPO®

## Contributory Preferred Portfolio

## South Florida Markets

For groups 2-50 lives with effective dates

### Zone 3— Miami-Dade, Broward, and Palm Beach Counties

Zip Codes included in service area are 334

**Contribution and Participation Requirements:** For Contributory plans, employer contribution minimum 50% of the employee rate and employee participation 75% of eligible employees who do not waive coverage (minimum 50% participation overall). For Voluntary plans, minimum 2 employees enrolled and for plans with Orthodontia 8 or more employees enrolled.

- Rates are guaranteed for 12 months.
- Deductibles are waived for preventative and diagnostic services.
- Dental packaged with UnitedHealthcare medical products must be same rating tier structure for administration of eligibility.
- For plan details, refer to the plan Schedule of Benefits.
- Dental Dual Option Available—PPO/DHMO minimum of 5 eligible with 3 enrolled. PPO/PPO minimum of 10 enrolled.

Groups 10-20			Coinsurance			Rates (\$)								
Plan	CMM*	Voluntary OR Contributory	In Network	Out of Network	Endo, Perio, Oral Surgery (In/Out)	Annual Max (In/Out)	Ded \$ (Ind/Fam)	Ortho Max (In/Out)	OON Payment Basis	Waiting Period In months	EE only	EE & SP	EE & Child(ren)	Family
P0202	No	Contributory	100/80/50	100/80/50	80/80	\$1,000	50/150	n/a	MAC <sup>1</sup>	None	25.23	50.46	52.79	80.59
P0203 <sup>3</sup>	No	Contributory	100/80/50	100/80/50	80/80	\$1,000	50/150	\$1,000	MAC <sup>1</sup>	12	25.45	50.91	53.27	81.31
P5331 <sup>3</sup>	Yes	Contributory	100/90/60	70/50/50	90/50	\$1,500	50/150	\$1000	MAC <sup>1</sup>	None	27.22	54.43	56.95	86.94
P5333 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	None	MAC <sup>1</sup>	None	30.65	61.30	64.14	97.91
P0042	No	Contributory	100/80/50	80/60/50	80/60	\$1,500/\$1000	50/150	n/a	U&C <sup>2</sup> /85%	12	31.95	63.90	66.86	102.06
P3434	Yes	Contributory	100/80/50	80/60/50	80/60	\$1000	50/150	n/a	U&C <sup>2</sup> /85%	None	31.96	63.92	66.88	102.10
P7302 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	\$1000	MAC <sup>1</sup>	None	32.24	64.48	67.46	102.98
P5348 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$2,000	50/150	None	MAC <sup>1</sup>	None	32.98	65.96	69.02	105.36
P0038 <sup>3</sup>	No	Contributory	100/80/50	80/60/50	80/60	\$1,500/\$1000	50/150	\$1,000	U&C <sup>2</sup> /85%	12	33.43	66.87	69.96	106.80
P3418 <sup>3</sup>	Yes	Contributory	100/80/50	80/60/50	80/60	\$1000	50/150	\$1000	U&C <sup>2</sup> /85%	None	33.55	67.10	70.21	107.17
P4229 <sup>3</sup>	No	Contributory	100/90/60	50/50/50	90/50	\$2,000/\$500	0/0 IN 100/300 OON	None	MAC <sup>1</sup>	None	33.74	67.47	70.59	107.77
P7300 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	\$1,500	MAC <sup>1</sup>	None	35.01	70.01	73.25	111.83
P4228 <sup>3</sup>	No	Contributory	100/90/60	50/50/50	90/50	\$2,000/\$500	0/0 IN 100/300 OON	\$2,000/\$500	MAC <sup>1</sup>	None	39.48	78.96	82.62	126.12

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# UnitedHealthcare Dental PPO<sup>®</sup>

## Contributory Preferred Portfolio

## South Florida Markets

For groups 2-50 lives with effective dates

### Zone 3— Miami-Dade, Broward, and Palm Beach Counties

Zip Codes included in service area are 334

**Contribution and Participation Requirements:** For Contributory plans, employer contribution minimum 50% of the employee rate and employee participation 75% of eligible employees who do not waive coverage (minimum 50% participation overall). For Voluntary plans, minimum 2 employees enrolled and for plans with Orthodontia 8 or more employees enrolled.

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- Dental Dual Option Available—PPO/DHMO minimum of 5 eligible with 3 enrolled. PPO/PPO minimum of 10 enrolled.

Groups 21-24			Coinsurance					Rates (\$)						
Plan	CMM*	Voluntary OR Contributory	In Network	Out of Network	Endo, Perio, Oral Surgery (In/Out)	Annual Max (In/Out)	Ded \$ (Ind/Fam)	Ortho Max (In/Out)	OON Payment Basis	Waiting Period In months	EE only	EE & SP	EE & Child(ren)	Family
P0202	No	Contributory	100/80/50	100/80/50	80/80	\$1,000	50/150	n/a	MAC <sup>1</sup>	None	24.09	48.17	50.40	76.94
P0203 <sup>3</sup>	No	Contributory	100/80/50	100/80/50	80/80	\$1,000	50/150	\$1,000	MAC <sup>1</sup>	12	24.30	48.61	50.86	77.63
P5331 <sup>3</sup>	Yes	Contributory	100/90/60	70/50/50	90/50	\$1,500	50/150	\$1000	MAC <sup>1</sup>	None	25.99	51.97	54.38	83.01
P5333 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	None	MAC <sup>1</sup>	None	29.26	58.53	61.24	93.48
P0042	No	Contributory	100/80/50	80/60/50	80/60	\$1,500/\$1000	50/150	n/a	U&C <sup>2</sup> /85%	12	30.50	61.01	63.83	97.44
P3434	Yes	Contributory	100/80/50	80/60/50	80/60	\$1000	50/150	n/a	U&C <sup>2</sup> /85%	None	30.51	61.03	63.86	97.48
P7302 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	\$1000	MAC <sup>1</sup>	None	30.78	61.56	64.41	98.32
P5348 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$2,000	50/150	None	MAC <sup>1</sup>	None	31.49	62.98	65.89	100.59
P0038 <sup>3</sup>	No	Contributory	100/80/50	80/60/50	80/60	\$1,500/\$1000	50/150	\$1,000	U&C <sup>2</sup> /85%	12	31.92	63.84	66.80	101.97
P3418 <sup>3</sup>	Yes	Contributory	100/80/50	80/60/50	80/60	\$1000	50/150	\$1000	U&C <sup>2</sup> /85%	None	32.03	64.06	67.03	102.32
P4229 <sup>3</sup>	No	Contributory	100/90/60	50/50/50	90/50	\$2,000/\$500	0/0 IN 100/300 OON	None	MAC <sup>1</sup>	None	32.21	64.42	67.40	102.89
P7300 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	\$1,500	MAC <sup>1</sup>	None	33.42	66.84	69.94	106.77
P4228 <sup>3</sup>	No	Contributory	100/90/60	50/50/50	90/50	\$2,000/\$500	0/0 IN 100/300 OON	\$2,000/\$500	MAC <sup>1</sup>	None	37.70	75.39	78.88	120.42

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# UnitedHealthcare Dental PPO®

## Contributory Preferred Portfolio

## South Florida Markets

For groups 2-50 lives with effective dates

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- Dental Dual Option Available—PPO/DHMO minimum of 5 eligible with 3 enrolled. PPO/PPO minimum of 10 enrolled.

Groups 25-50			Coinsurance			Rates (\$)								
Plan	CMM*	Voluntary OR Contributory	In Network	Out of Network	Endo, Perio, Oral Surgery (In/Out)	Annual Max (In/Out)	Ded \$ (Ind/Fam)	Ortho Max (In/Out)	OON Payment Basis	Waiting Period In months	EE only	EE & SP	EE & Child(ren)	Family
P0202	No	Contributory	100/80/50	100/80/50	80/80	\$1,000	50/150	n/a	MAC <sup>1</sup>	None	23.16	46.31	48.46	73.97
P0203 <sup>3</sup>	No	Contributory	100/80/50	100/80/50	80/80	\$1,000	50/150	\$1,000	MAC <sup>1</sup>	12	23.36	46.73	48.89	74.63
P5331 <sup>3</sup>	Yes	Contributory	100/90/60	70/50/50	90/50	\$1,500	50/150	\$1000	MAC <sup>1</sup>	None	24.98	49.96	52.28	79.80
P5333 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	None	MAC <sup>1</sup>	None	28.13	56.27	58.87	89.87
P0042	No	Contributory	100/80/50	80/60/50	80/60	\$1,500/\$1000	50/150	n/a	U&C <sup>2</sup> /85%	12	29.33	58.65	61.37	93.68
P3434	Yes	Contributory	100/80/50	80/60/50	80/60	\$1000	50/150	n/a	U&C <sup>2</sup> /85%	None	29.34	58.67	61.39	93.71
P7302 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	\$1000	MAC <sup>1</sup>	None	29.59	59.18	61.92	94.53
P5348 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$2,000	50/150	None	MAC <sup>1</sup>	None	30.27	60.55	63.35	96.71
P0038 <sup>3</sup>	No	Contributory	100/80/50	80/60/50	80/60	\$1,500/\$1000	50/150	\$1,000	U&C <sup>2</sup> /85%	12	30.69	61.38	64.22	98.03
P3418 <sup>3</sup>	Yes	Contributory	100/80/50	80/60/50	80/60	\$1000	50/150	\$1000	U&C <sup>2</sup> /85%	None	30.79	61.59	64.44	98.37
P4229 <sup>3</sup>	No	Contributory	100/90/60	50/50/50	90/50	\$2,000/\$500	0/0 IN 100/300 OON	None	MAC <sup>1</sup>	None	30.96	61.93	64.80	98.92
P7300 <sup>3</sup>	Yes	Contributory	100/90/60	100/80/50	90/80	\$1500	50/150	\$1,500	MAC <sup>1</sup>	None	32.13	64.26	67.24	102.64
P4228 <sup>3</sup>	No	Contributory	100/90/60	50/50/50	90/50	\$2,000/\$500	0/0 IN 100/300 OON	\$2,000/\$500	MAC <sup>1</sup>	None	36.24	72.48	75.84	115.77

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