

**2009 Dental Plans – Monthly Premium Comparison**

| <b><u>Premium Dental</u></b> | Monthly Cost |
|------------------------------|--------------|
| Employee Only                | \$36.52      |
| Employee & Spouse            | \$83.87      |
| Employee & 1 Child           | \$69.61      |
| Employee & Children          | \$86.15      |
| Employee & Family            | \$114.49     |

| <b><u>Basic Dental</u></b> | Monthly Cost |
|----------------------------|--------------|
| Employee Only              | \$20.62      |
| Employee & Spouse          | \$41.37      |
| Employee & 1 Child         | \$31.01      |
| Employee & Children        | \$36.40      |
| Employee & Family          | \$61.24      |

**2009 Dental Plans – Benefit Coverage Comparison**

For details regarding covered, excluded, and limited services, please refer to the 2009 plan document.

|  | <b>Premium Dental</b>   | <b>Basic Dental</b>                                   |
|--|---|---|
| <b>Annual Maximum Benefit</b>  | \$1,250 per person  | \$1,000 per person                                    |
| <b>Annual Deductible</b>   | \$50 indiv. / \$150 family  | \$50 indiv. / \$150 family                            |
| <b>Class 1 Services - Preventive &amp; Diagnostic</b>                    | Plan pays 80% (no deductible)   | Plan pays 50% (no deductible)                         |
| <b>Class 2 Services - Basic</b>  | Plan pays 80%   | Plan pays 50%   |
| <b>Class 3 Services - Major</b>  | Plan pays 50%   | Plan pays 50%   |
| <b>Class 4 Services - Orthodontics</b><br>Only for children under age 25 | Additional \$50 deductible<br>Plan pays 50%<br>Lifetime maximum \$1,250 | Not Covered   |
| <b>Network of Dentists?</b>  | Yes – CIGNA. You will pay more at non-CIGNA dentists.                   | Yes – CIGNA. You will pay more at non-CIGNA dentists. |