

# Pennsylvania

Rates for Zips: 180, 181, 182

Effective Date: 10/1/2010 - 12/31/2010

Dental Services	Preventive 1		Preventive 2		Incentive PPO 5		Passive PPO 7		Passive PPO 16		Passive PPO 14		Passive PPO 4	
Deductible (Individual/Family) – does not apply to Preventive & Diagnostic	\$0/\$0		\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150	
Annual Maximum	\$1,000		\$1,000		IN - \$1,500, OUT - \$1,000		\$1,000		\$1,000		\$1,500		\$1,500	
Out of Network Reimbursement	Maximum Allowable Charge		Maximum Allowable Charge		Maximum Allowable Charge		Maximum Allowable Charge		UCR - 90th Percentile		UCR - 90th Percentile		UCR - 90th Percentile	
In and Out of Network	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
<b>Preventive &amp; Diagnostic</b>														
Oral Evaluations	100%	100%	100%	100%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%
X Rays	100%	100%	100%	100%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%
Prophylaxis	100%	100%	100%	100%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%
Fluoride Treatment	100%	100%	100%	100%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%
Sealants	100%	100%	100%	100%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%
Space Maintainers	100%	100%	100%	100%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%
Lab/Diagnostic Tests	100%	100%	100%	100%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%
<b>Basic Services</b>														
Restorations	discount*	0%	80%	80%	80%	60%	80%	80%	80%	80%	80%	80%	80%	80%
General Services	discount*	0%	80%	80%	80%	60%	80%	80%	80%	80%	80%	80%	80%	80%
Oral Surgery	discount*	0%	discount*	0%	50%	50%	50%	50%	50%	50%	50%	50%	80%	80%
Periodontics	discount*	0%	discount*	0%	50%	50%	50%	50%	50%	50%	50%	50%	80%	80%
Endodontics	discount*	0%	discount*	0%	50%	50%	50%	50%	50%	50%	50%	50%	80%	80%
<b>Major Services</b>														
Inlays/Onlays/Crowns	discount*	0%	discount*	0%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Dentures & Removable Prosthetics	discount*	0%	discount*	0%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Bridges & Fixed Prosthetics	discount*	0%	discount*	0%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
<b>Orthodontic Services (Child Only)</b>														
Orthodontia (Lifetime Maximum)	Not Covered		Not Covered		Not Covered		Not Covered		Not Covered		Not Covered		Not Covered	
<b>Contributory Rates</b>	<b>Plan Code: P101C</b>		<b>Plan Code: P102C</b>		<b>Plan Code: P110C</b>		<b>Plan Code: P104C</b>		<b>Plan Code: P158C</b>		<b>Plan Code: P105C</b>		<b>Plan Code: P106C</b>	
Employee	\$13.87		\$20.86		\$27.12		\$31.30		\$36.72		\$40.48		\$47.57	
Employee + Spouse	\$27.75		\$41.73		\$54.25		\$62.59		\$73.44		\$80.95		\$95.14	
Employee + Child(ren)	\$29.45		\$44.29		\$57.57		\$66.43		\$77.94		\$85.92		\$100.97	
Employee + Family	\$44.63		\$67.12		\$87.25		\$100.68		\$118.13		\$130.21		\$153.03	
<b>Voluntary Rates</b>	<b>Plan Code: P101V</b>		<b>Plan Code: P102V</b>		<b>Plan Code: P110V</b>		<b>Plan Code: P104V</b>		<b>Plan Code: P158V</b>		<b>Plan Code: P105V</b>		N/A	
Employee	\$15.26		\$22.95		\$29.84		\$34.43		\$40.39		\$44.52		N/A	
Employee + Spouse	\$30.52		\$45.90		\$59.67		\$68.85		\$80.79		\$89.05		N/A	
Employee + Child(ren)	\$32.40		\$48.72		\$63.33		\$73.07		\$85.74		\$94.51		N/A	
Employee + Family	\$49.10		\$73.83		\$95.98		\$110.75		\$129.94		\$143.23		N/A	
<b>Virgin Groups** – Use Voluntary Rates</b>	<b>Plan Code: P101W</b>		<b>Plan Code: P102W</b>		<b>Plan Code: P110W</b>		<b>Plan Code: P104W</b>		<b>Plan Code: P158W</b>		<b>Plan Code: P105W</b>		N/A	

Please refer to the plan's Summary of Benefits for a more complete plan description.  
 Please refer to your Coventry Dental Underwriting Guidelines for complete quoting requirements and sales instructions.

Contributory Rates require at least 50% employer contribution and 75% participation of eligible employees (50% including spousal waivers)  
 \* Members may be eligible for discounts on non-covered services provided by network providers in those states that allow for such contractual arrangements under the network provider contracts  
 \*\* Groups w/o prior coverage (Virgin) are subject to a 12 month waiting period on Endo, Perio, Oral Surgery and all Major Services  
 Rates are not valid for groups with overall average enrolled family size of 5 or more  
 Standard covered dependents include children to age 26 and full time students to age 26  
 Rates are guaranteed for 12 months from the effective date

Run in Claims are NOT paid  
 Dental Services covered only in the USA  
 Rates assume full case takeover (no slice business)  
 70% of eligibles must be located in the service area  
 Rates assume Standard Exclusions and Limitations