

# Rate Column Finder

ST	ZIP	RT	ST	ZIP	RT	ST	ZIP	RT	ST	ZIP	RT	ST	ZIP	RT	ST	ZIP	RT
AK	999	7	DC	200	6	KS	660	4	ND	581	4	OR	All	17	WI	533	1
	All other	8		All other	7		661	2		All other	3		536	1			
AL	350	2	DE	199	5		662	4	NE	681	3	PA	150-153	1		537	5
	352	2		All other	7		663	1		682	1		156-159	1		540	3
	356	2	FL	321-322	2		All other	3		All other	2		167	1		543	5
	357	3		325	4	KY	All	14		170	3		All other	4			
	358	2		327	1	LA	702	1		172-175	3		176	4			
	365-366	2		328	2		709	1		180	4		181	3			
	369	2		330	4		712-713	2		183	4		189	5			
	All other	1		331-332	6		All other	3		190-191	4		192	1			
AR	722	3		333	5	MA	See indemnity rate guide SHM-0413AO			193	5		194	4			
	725-727	3		334	4	MD	208-209	5		All other	2		All other	2			
	729	3		335	1		210-212	3									
	All other	2		336	2		215	5									
AZ	All	9		338	2		216	3									
CA	900	12		339	4		219	5									
	901	13		340-341	5		All other	4									
	902-903	12		342	4	ME	041	6									
	904	13		344-347	1		043	4									
	905	11		349	4		045	4									
	906-907	10		All other	3		047	4									
	908	11	GA	303	5		049	4									
	909	10		310	3		All other	5									
	910-913	12		311	6	MI	480	3									
	914	11		312	3		482-483	3									
	915-916	12		316-319	3		486-487	3									
	917	10		399	1		489	3									
	918	12		All other	4		498-499	3									
	919-920	10	HI	All	6		All other	4									
	921-923	11	IA	500	4	MN	550	15									
	924-925	10		501	3		551-555	16									
	926	13		502	4		556-567	15									
	927	10		503	3		568-569	16									
	928	11		509	4	MO	630-631	4									
	929	13		511	3		633	3									
	930	12	IA	517-519	1		634	4									
	931	13		520	3		635-637	2									
	932	11		522-528	3		640-641	3									
	933	10		All other	2		648	3									
	934	13	ID	832	2		650-651	3									
	935-938	10		834	2		652	4									
	939-944	13		837	4		656-658	3									
	945	12		All other	3		All other	1									
	946-951	13	IL	600	5	MS	386	2									
	952	10		601	4		390	2									
	953	11		602-603	5		394-396	2									
	954	12		604-608	4		All other	3									
	955	13		611	4	MT	591	4									
	956	11		619-622	2		598	4									
	957	13		624	1		All other	3									
	958-959	11		625-626	2	NC	See indemnity rate guide SHM-0413AO										
	960-961	13		628	1												
CO	800-802	5		629	2												
	803-804	6		All other	3												
	807-809	5	IN	462-463	4												
	816	6		470-471	2												
	All other	4		All other	3												
CT	067	5															
	069	7															
	All other	6															



# 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	Rate Column 20

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

Classic Plans																										
<b>CLASSIC 1000</b>						Mem	28.84	32.33	36.15	39.87	44.65	48.92	53.99	62.90	37.86	41.59	45.93	49.38	53.99	30.50	38.57	45.72	49.25	34.90	38.82	55.65
NO	\$1,000	80%	80%	50%	50%	Mem + 1	53.48	60.07	67.27	74.29	83.33	91.42	100.98	117.79	70.49	77.62	85.79	92.30	100.98	56.61	71.87	85.38	92.04	64.92	72.32	104.11
						Mem + Fam	84.39	94.79	106.27	117.44	131.78	144.81	159.90	186.55	111.35	123.10	135.93	146.20	159.90	89.29	113.61	135.16	145.76	102.56	114.34	164.85
<b>CLASSIC 1500</b>						Mem	31.64	35.46	39.59	43.62	48.84	53.49	58.99	68.69	41.46	45.53	50.24	53.99	58.99	33.48	42.22	49.99	53.83	38.22	42.49	60.80
NO	\$1,500	80%	80%	50%	50%	Mem + 1	58.46	65.64	73.41	80.97	90.79	99.56	109.89	128.10	76.91	84.65	93.47	100.51	109.89	61.91	78.35	92.98	100.20	70.83	78.85	113.27
						Mem + Fam	90.59	101.75	113.90	125.75	141.06	154.97	170.99	199.36	112.36	123.77	136.70	147.02	160.79	90.34	114.47	135.97	146.57	103.44	115.21	165.75
<b>CLASSIC 2000</b>						Mem	33.29	37.30	41.62	45.83	51.31	56.18	61.94	72.10	43.58	47.86	52.77	56.71	61.94	35.23	44.36	52.51	56.52	40.17	44.64	63.83
NO	\$2,000	80%	80%	50%	50%	Mem + 1	61.39	68.93	77.02	84.90	95.18	104.35	115.14	134.16	80.69	88.79	97.99	105.33	115.14	65.03	82.17	97.46	105.01	74.30	82.68	118.66
						Mem + Fam	94.23	105.85	118.40	130.64	146.52	160.95	177.50	206.90	124.09	137.13	151.18	162.46	177.51	99.80	126.40	150.21	161.92	114.24	127.20	182.94

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	27.89	32.04	34.66	37.53	42.44	47.40	51.25	59.14	37.60	42.74	45.18	47.72	51.25	30.70	36.27	43.82	47.20	33.07	36.51	52.47
YES	\$1,000	100%/70%	80%/70%	60%/50%	60%/50%	Mem + 1	51.50	59.35	64.25	69.63	78.87	88.30	95.48	110.29	69.82	79.65	84.17	88.90	95.48	56.81	67.25	81.51	87.89	61.25	67.71	97.74
						Mem + Fam	80.20	92.71	100.22	108.54	123.14	138.42	149.33	172.40	109.17	125.50	132.13	139.32	149.33	88.74	104.81	127.47	137.55	95.43	105.54	152.74
<b>CLASSIC SELECT 1500</b>						Mem	30.77	35.37	38.20	41.30	46.69	52.13	56.33	64.95	41.43	47.07	49.72	52.49	56.33	33.90	39.92	48.17	51.88	36.42	40.18	57.64
YES	\$1,500	100%/70%	80%/70%	60%/50%	60%/50%	Mem + 1	56.63	65.28	70.53	76.33	86.45	96.73	104.52	120.64	76.65	87.36	92.25	97.38	104.52	62.53	73.74	89.28	96.23	67.21	74.24	106.96
						Mem + Fam	86.58	100.13	108.04	116.87	132.58	148.96	160.59	185.27	117.71	135.21	142.25	149.92	160.59	95.89	112.86	137.16	147.95	102.84	113.65	164.20
<b>CLASSIC SELECT 2000</b>						Mem	32.46	37.32	40.26	43.51	49.20	54.92	59.31	68.37	43.69	49.61	52.39	55.28	59.28	35.79	42.06	50.75	54.64	38.39	42.33	60.68
YES	\$2,000	100%/70%	80%/70%	60%/50%	60%/50%	Mem + 1	59.64	68.78	74.23	80.27	90.90	101.70	109.84	126.74	80.65	91.90	97.00	102.38	109.84	65.89	77.55	93.85	101.14	70.71	78.08	112.38
						Mem + Fam	90.33	104.48	112.64	121.77	138.12	155.16	167.22	192.84	122.73	140.92	148.20	156.15	167.22	100.09	117.61	142.85	154.07	107.21	118.42	170.95

Basic Plan																										
<b>BASIC PLAN 500</b>						Mem	26.61	29.97	33.61	37.16	41.74	45.79	50.67	59.22	35.27	38.71	42.91	46.24	50.67	28.22	35.93	42.76	46.14	32.41	36.17	52.29
NO	\$500*	100%	50%†	50%§	50%§	Mem + 1	49.25	55.59	62.45	69.16	77.80	85.47	94.68	110.81	65.57	72.15	80.05	86.32	94.68	52.26	66.85	79.75	86.12	60.18	67.29	97.72
						Mem + Fam	77.58	87.57	98.48	109.15	122.82	135.19	149.68	175.18	103.38	114.31	126.67	136.52	149.68	82.28	105.50	126.06	136.18	94.92	106.19	154.46

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	24.78	28.83	30.60	32.94	37.43	42.16	45.14	51.84	33.78	39.08	40.46	42.40	45.14	27.78	31.81	38.73	41.73	29.13	32.04	46.04
YES	\$1,000	80%/60%	80%/60%†	50%/40%§	50%/40%§	Mem + 1	45.72	53.37	56.86	61.06	69.51	78.51	84.08	96.69	62.68	72.77	485.16	78.95	84.08	51.38	58.93	72.02	77.67	53.88	59.36	85.77
						Mem + Fam	71.43	83.62	89.00	95.53	108.91	123.50	131.98	151.71	98.32	114.94	118.65	124.15	131.98	80.50	92.18	113.04	121.99	84.25	92.84	134.51

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

Basic Plus Plans																										
<b>BASIC PLUS PLAN 1000</b>						Mem	33.24	37.50	41.94	46.30	52.03	57.12	63.48	73.73	44.01	48.46	53.58	57.67	63.14	35.33	44.78	53.28	57.48	40.40	45.07	65.10
NO	\$1,000	80%	80%	50%	50%	Mem + 1	60.27	68.13	76.29	84.34	94.88	104.29	115.35	134.84	80.11	88.35	97.78	105.30	115.35	64.11	81.53	97.21	104.94	73.48	82.06	118.97
						Mem + Fam	85.74	96.97	108.84	120.51	135.35	149.42	165.32	193.43	114.30	126.57	140.06	150.88	165.32	91.15	116.48	139.20	150.38	104.85	117.25	170.54
<b>BASIC PLUS PLAN 1500</b>						Mem	37.60	42.41	47.33	52.17	58.58	64.27	70.97	82.78	49.66	54.62	60.32	64.89	70.97	39.98	50.47	59.97	64.65	45.60	50.80	73.15
NO	\$1,500	80%	80%	50%	50%	Mem + 1	67.96	76.75	85.77	94.66	106.40	116.86	129.12	150.76	90.03	99.20	109.64	117.98	129.12	72.29	91.55	108.96	117.56	82.61	92.14	133.12
						Mem + Fam	94.73	107.06	119.93	132.51	149.15	164.14	181.42	212.03	130.41	143.79	158.96	171.07	187.26	104.60	132.62	157.96	170.46	119.62	133.48	193.09
<b>BASIC PLUS PLAN 2000</b>						Mem	40.18	45.29	50.50	55.63	62.44	68.48	75.57	88.11	52.97	58.25	64.29	69.13	75.57	42.72	53.82	63.89	68.87	48.65	54.16	77.89
NO	\$2,000	80%	80%	50%	50%	Mem + 1	72.49	81.81	91.35	100.74	113.19	124.25	137.22	160.13	95.87	105.60	116.62	125.44	137.22	77.11	97.44	115.88	124.98	87.99	98.06	141.45
						Mem + Fam	100.02	112.99	126.44	139.68	157.08	172.81	190.88	222.97	132.76	146.82	162.15	174.45	190.88	106.38	135.05	161.02	173.81	121.79	135.92	196.80

\* 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 August 1, 2009