

# Rate Table

Monthly rates: January 1, 2010 through December 31, 2010

Rates are guaranteed for 12 months from the date your plan goes into effect.

	Standard Plan	Complete Plan		Complete Plan with Orthodontia		Enhanced Plan		Enhanced Plan with Orthodontia	
	\$1,000	\$1,000	\$1,500	\$1,000	\$1,500	\$1,000	\$1,500	\$1,000	\$1,500
<b>Benefit Period Maximum</b>	\$1,000	\$1,000	\$1,500	\$1,000	\$1,500	\$1,000	\$1,500	\$1,000	\$1,500
<b>Employee</b>	\$20.31	\$27.91	\$30.08	\$28.18	\$30.45	\$33.62	\$36.24	\$33.96	\$36.69
<b>Employee &amp; Spouse</b>	\$40.61	\$55.81	\$60.16	\$56.36	\$60.91	\$67.25	\$72.48	\$67.91	\$73.38
<b>Employee &amp; Children</b>	\$44.29	\$60.87	\$65.61	\$61.46	\$66.42	\$73.34	\$79.04	\$74.06	\$80.02
<b>Family</b>	\$71.12	\$97.74	\$105.36	\$98.70	\$106.66	\$117.77	\$126.92	\$118.93	\$128.50

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