

**Central Region School Insurance Group  
Dental Plan, CRSIG/Delta Preferred Provider Option (PPO)  
Program Rates, January 1, 2009 through December 31, 2009**

<b>CRSIG/Delta Preferred Provider Option (PPO) Plan</b>  (UCR) Fee Concept  CRSIG/Delta Preferred Provider Option, PPO	Co-Payments	
		In Network      Plan/Patient
	Diagnostic & Preventive	100                  60/40
	Other Basic Services	100                  60/40
	Crowns & Cast Restoration	100                  60/40
	Dental Accident	100                  60/40
Prosthodontics	50/50                50/50	

<b>\$1,000 Maximum per Patient per Calendar Year</b>		<b>ONE PARTY</b>	<b>TWO PARTY</b>	<b>THREE PARTY</b>	<b>COMPOSITE</b>
	<b>Active Employees and Dependents</b>	\$40.44	\$71.36	\$101.60	\$79.73
	<b>Retirees</b>	\$42.05	\$81.94	\$98.92	N/A

<b>\$2,000 Maximum per Patient per Calendar Year</b>		<b>ONE PARTY</b>	<b>TWO PARTY</b>	<b>THREE PARTY</b>	<b>COMPOSITE</b>
	<b>Active Employees and Dependents</b>	\$42.98	\$75.82	\$106.79	\$83.84
	<b>Retirees</b>	\$44.78	\$85.76	\$103.59	N/A

**Orthodontic Add-In Costs, 50/50 Co-Payment Applies**  
(These options may be added to the base plans above to determine enhanced plan rates)

<b>\$2,000 Lifetime Maximum Children and Adult</b>		<b>ONE PARTY</b>	<b>TWO PARTY</b>	<b>THREE PARTY</b>	<b>COMPOSITE</b>
	<b>Active Employees and Dependents</b>	\$1.45	\$4.22	\$18.99	\$11.25
	<b>Retirees</b>	\$1.45	\$4.62	\$21.62	N/A

<b>\$2,000 Lifetime Maximum Children Only</b>		<b>ONE PARTY</b>	<b>TWO PARTY</b>	<b>THREE PARTY</b>	<b>COMPOSITE</b>
	<b>Active Employees and Dependents</b>	N/A	\$1.61	\$16.19	\$8.81
	<b>Retirees</b>	N/A	\$1.83	\$18.60	N/A

<b>\$500 Lifetime Maximum Children Only</b>		<b>ONE PARTY</b>	<b>TWO PARTY</b>	<b>THREE PARTY</b>	<b>COMPOSITE</b>
	<b>Active Employees and Dependents</b>	N/A	\$0.52	\$5.16	\$2.80
	<b>Retirees</b>	N/A	\$0.58	\$5.94	N/A