

**Central Region School Insurance Group
Dental Plan, CRSIG/Delta Premier
Program Rates, January 1, 2009 to December 31, 2009**

CRSIG/Delta Premier Plan (UCR) Fee Concept CRSIG/Delta Premier Plan, 70/80/90/100	<u>Incentive Plan Parameters</u>		
	Plan/Patient		
	Diagnostic & Preventive	70/30	1st Year
	Other Basic Services	80/20	2nd year
	Crowns & Cast Restoration	90/10	3rd Year
	Dental Accident	100/0	4th Year

\$1,000 Maximum per Patient per Calendar Year		ONE PARTY	TWO PARTY	THREE PARTY	COMPOSITE
	Active Employees and Dependents	\$51.37	\$104.33	\$150.70	\$110.55
	Retirees	\$53.53	\$115.88	\$140.40	N/A

\$2,000 Maximum per Patient per Calendar Year		ONE PARTY	TWO PARTY	THREE PARTY	COMPOSITE
	Active Employees and Dependents	\$53.87	\$108.67	\$155.79	\$115.15
	Retirees	\$56.20	\$119.62	\$144.95	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)

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

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

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