

**Southern California Community Rated Dental
PPO Plan Z-7
10-50 Employees**

| In-Network Services | | \$50 Deductible (3 per family) | | Out-of-Network Services | | |
|--|--|---|--|--|---|------------------------|
| 100% Preventive Services | 90% Basic Services | 50% Major Services | 80% Preventive Services | 80% Basic Services | 40% Major Services | 60% Employee Copayment |
| Emergency Treatment Oral Examinations X-Rays Teeth Cleaning Children coverage for: Fluoride Treatments (1) Topical Sealants (2) Space Maintainers (2) (1) under age 14 (2) under age 16 | Fillings - Amalgam Silicate & A Periodontic Se Root Canal Oral Surgery | Gold and Porcelain Fillings and Crowns Installation of bridgework and crowns | Emergency Treatment Oral Examinations X-Rays Teeth Cleaning Children coverage for: Fluoride Treatments (1) Topical Sealants (2) Space Maintainers (2) (1) under age 14 (2) under age 16 | Fillings - Amalgam Silicate & Acrylic Periodontic Services Root Canal Oral Surgery | Gold and Porcelain Fillings and Crowns Installation of bridgework and crowns | 20% Employee Copayment |
| 50% Employee Copayment | | | 30% Employee Copayment | | | 20% Employee Copayment |
| \$1500 per person annual maximum | | | \$1500 per person annual maximum | | | |

*Reimbursement based on Fee Schedule

*Reimbursement based on UCR 90th percentile

| Area | Zip Codes | Employee | Employee + Spouse | Employee + Child(ren) | Family |
|--|-------------------|----------|-------------------|-----------------------|--------|
| Los Angeles (Area) | 906-918 | 38.36 | 76.93 | 79.83 | 118.40 |
| Los Angeles (City) | 900-905 | 37.84 | 75.90 | 78.76 | 116.82 |
| Bakersfield, San Luis Obispo | 932-934 | 29.38 | 58.93 | 61.15 | 90.70 |
| San Diego | 919-921 | 36.36 | 72.93 | 75.68 | 112.25 |
| Anaheim, Ventura | 926-928, 930 | 37.77 | 75.75 | 78.60 | 116.59 |
| Mojave, Santa Barbara, San Bernardino Riversides | 922-925, 931, 935 | 33.19 | 66.58 | 69.08 | 102.47 |
| Las Vegas, NV | 890-891 | 28.24 | 56.16 | 58.26 | 86.18 |

RATES VALID FOR QUOTES MADE FROM 1/1/03 TO 6/30/03

Underwriting Requirements:

Plan requires 75% participation of full-time employees and dependents.
For Multi Area Quotes, contact your sales office.
Dependent children covered up to age 20, or age 26 if full-time student.
Above rates are for groups that currently have dental coverage (a copy of current carrier's bill is required as proof of coverage). If group does not currently have dental coverage increase above rates by 3%.
For plans where the entire group is non-contributory, multiply above rates by .95.
Contact your sales office for additional plan designs.

| Excludes the following occupations | |
|------------------------------------|--|
| Insurance and Real Estate | 64xx, 653x Sports Teams 7999 |
| Government Employees | 43xx, 91xx - 97xx Entertainers 792x |
| Agriculture | 074x Dentists 802x |
| Legal Services | 81xx Automobile Sales and Service 55xx |
| Teachers | 821x - 822x, 8243 - 8244, 8249, 829x |

For rates for these occupations, please contact your sales office.

Benefit Variations:

- (1) For \$150 Maximum Benefit plans, multiply above rates by 0.830
- For \$1000 Maximum Benefit plans, multiply above rates by 0.893
- For \$2000 Maximum Benefit plans, multiply above rates by 1.089
- (2) To increase the deductible from \$50 to: \$75 - multiply above rates by .952
- \$100 - multiply above rates by .922

DentalGuard Dental Insurance Plan General Limitations and Exclusions:

This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under Preventive Services), orthodontic (unless expressly provided for), cosmetic or experimental treatments, any treatments to the extent benefits are payable by any other payer or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. GP-1-DNL-90-1 et al.

**Southern California Community Rated Dental
Split Value Plan N-3
10-50 Employees**

| In-Network Services | | \$50 Deductible (3 per family) | | Out-of-Network Services | | |
|--|--|---|--|--|---|------------------------|
| 100% Preventive Services | 90% Basic Services | 50% Major Services | 80% Preventive Services | 80% Basic Services | 50% Major Services | 50% Employee Copayment |
| Emergency Treatment Oral Examinations X-Rays Teeth Cleaning Children coverage for: Fluoride Treatments (1) Topical Sealants (2) Space Maintainers (2) (1) under age 14 (2) under age 16 | Fillings - Amalgam Silicate & A Periodontic Se Root Canal Oral Surgery | Gold and Porcelain Fillings and Crowns Installation of bridgework and crowns | Emergency Treatment Oral Examinations X-Rays Teeth Cleaning Children coverage for: Fluoride Treatments (1) Topical Sealants (2) Space Maintainers (2) (1) under age 14 (2) under age 16 | Fillings - Amalgam Silicate & Acrylic Periodontic Services Root Canal Oral Surgery | Gold and Porcelain Fillings and Crowns Installation of bridgework and crowns | 20% Employee Copayment |
| 10% Employee Copayment | | | 20% Employee Copayment | | | 20% Employee Copayment |
| \$1500 per person annual maximum | | | \$1500 per person annual maximum | | | |

*Reimbursement based on Fee Schedule

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Dentist can bill the patient above the Fee Schedule

| Area | Zip Codes | Employee | Employee + Spouse | Employee + Child(ren) | Family |
|--|-------------------|----------|-------------------|-----------------------|--------|
| Los Angeles (Area) | 906-918 | 32.52 | 65.41 | 67.88 | 100.76 |
| Los Angeles (City) | 900-905 | 32.09 | 64.54 | 66.97 | 99.42 |
| Bakersfield, San Luis Obispo | 932-934 | 24.91 | 50.11 | 52.00 | 77.19 |
| San Diego | 919-921 | 30.18 | 60.70 | 62.99 | 93.51 |
| Anaheim, Ventura | 926-928, 930 | 33.02 | 64.41 | 66.84 | 99.22 |
| Mojave, Santa Barbara, San Bernardino Riversides | 922-925, 931, 935 | 28.15 | 56.61 | 58.74 | 87.20 |
| Las Vegas, NV | 890-891 | 24.30 | 48.45 | 50.26 | 74.41 |

RATES VALID FOR QUOTES MADE FROM 1/1/03 TO 6/30/03

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Dependent children covered up to age 20, or age 26 if full-time student.
Above rates are for groups that currently have dental coverage (a copy of current carrier's bill is required as proof of coverage). If group does not currently have dental coverage increase above rates by 3%.
For plans where the entire group is non-contributory, multiply above rates by .95.
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|------------------------------------|--|
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- (2) To increase the deductible from \$50 to: \$75 - multiply above rates by .952
- \$100 - multiply above rates by .922

DentalGuard Dental Insurance Plan General Limitations and Exclusions:

This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under Preventive Services), orthodontic (unless expressly provided for), cosmetic or experimental treatments, any treatments to the extent benefits are payable by any other payer or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative,