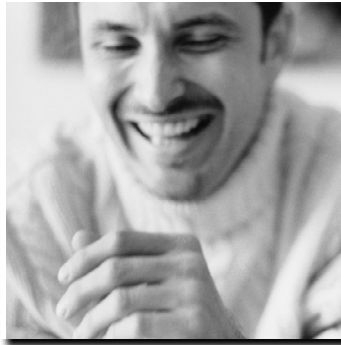
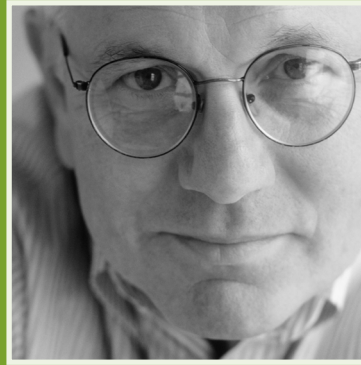


PACIFICARE SIGNATUREVALUESM (HMO)
PACIFICARE SIGNATUREOPTIONSSM (PPO)
PACIFICARE SIGNATUREINDEPENDENCESM (Indemnity)



Dental Plan Comparison
for Small Businesses



Look who's taking the bite out of dental and vision benefits!

Introducing affordable, flexible and easy dental and vision plans from PacifiCare.

At PacifiCare, we believe that caring is good. Doing something is better. That's why for more than 30 years we've provided affordable, comprehensive dental and vision plans backed by incomparable service and quality provider networks. It's how we keep our members feeling good about their dental and vision health. Our dental and vision plans offer a wide range of coverages to meet any group's needs.

PacifiCare Signature Independence¹ dental plans

Summary of Benefits – Plans Available to Small Businesses

	Association Plans ^{1, 2}		Indemnity Plans ¹ <small>Percentage payable of UCR³ fees</small>			
	Plans Pays		Plan Pays			
	Dental 844	Dental 844-HI	Dental 800	Dental 810	Dental 820	Dental 830
Calendar Year Maximum, per person	\$1,000	\$1,000	\$1,000	\$1,000	\$1,500	\$1,500
Calendar Year Deductible, per person	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50
Calendar Year Deductible, per family	\$ 150	\$ 150	\$ 150	\$ 150	\$ 150	\$ 150
Preventive Services						
X-rays, full mouth			80	100	80	100
Single film	\$22.50	\$36.00				
Each additional film	\$6.00	\$10.00				
Prophylaxis	\$1.50	\$5.00				
Topical fluoride (under age 18)	\$13.50	\$22.50				
Sealants (per tooth; under age 18)	\$9.00	\$18.00				
	NTCV	NTCV				
Routine Services						
Restorative Dentistry						
Amalgam restorations (cavities involving primary and permanent teeth)			80	80	80	80
One tooth surface	\$18.00	\$32.00				
Two tooth surfaces	\$23.00	\$35.00				
Three tooth surfaces	\$28.00	\$37.00				
Resin restorations						
Anterior teeth						
One tooth surface	\$23.00	\$32.00				
Two tooth surfaces	\$28.00	\$35.00				
Three tooth surfaces	\$28.00	\$37.00				
As above, involving incisal edge	\$16.50	\$24.00				
Oral Surgery						
Extraction (uncomplicated)			80	80	80	80
Each additional tooth (same visit)	\$15.00	\$25.00				
Soft tissue impaction	\$10.00	\$20.00				
Partially bony impaction	\$25.50	\$40.00				
Completely bony impaction	\$37.50	\$55.00				
Biopsy of oral tissue (soft)	\$60.00	\$90.00				
Biopsy of oral tissue (hard)	NTCV	NTCV				
Surgical removal of an erupted tooth	NTCV	NTCV				
	\$25.50	\$40.00				
Endodontics						
Root canals (per tooth)			80	80	80	80
Anterior	\$90.00	\$140.00				
Bicuspid	\$115.00	\$170.00				
Molar	\$150.00	\$210.00				
Periodontics						
Periodontal scaling and root planing, per quadrant			80	80	80	80
Gingivectomy, per quadrant	\$30.00	\$48.00				
Mucogingival surgery, per quadrant	\$90.00	\$130.00				
Periodontal maintenance (once every 6 months)	\$150.00	\$225.00				
Occlusion adjustment	\$13.00	\$25.00				
	NTCV	NTCV				

NTCV = Not Covered

PacifiCare Signature Independence¹ dental plans (cont'd)

Summary of Benefits – Plans Available to Small Businesses

	Association Plans ^{1, 2}		Indemnity Plans ¹ <small>Percentage payable of UCR³ fees</small>			
	Plan Pays		Plan Pays			
	Dental 844	Dental 844-HI	Dental 800	Dental 810	Dental 820	Dental 830
Major Services						
Crowns and pontics						
Full metal crown	\$110.00	\$175.00	50	50	50	50
Porcelain crown (not for molars)	\$125.00	\$200.00				
Porcelain with metal crown (for molars)	\$200.00	\$300.00				
Cast post & core, in addition to crown	\$15.00	\$24.00				
Pontic, cast metal (base)	\$60.00	\$90.00				
Pontic, porcelain with metal	\$82.50	\$190.00				
Inlay recementation	\$7.50	\$15.00				
Crown recementation	\$7.50	\$20.00				
Bridge recementation	\$15.00	\$28.00				
Prosthetics						
Denture adjustment	NTCV	NTCV	50	50	50	50
Replace tooth, per tooth	\$4.00	NTCV				
Denture repair	NTCV	NTCV				
Denture reline (office)	\$22.50	\$36.00				
Denture reline (lab-processed)	\$52.00	\$85.00				
Partial denture, upper or lower (including any conventional clasps, rests, and teeth)	\$225.00	\$360.00				
Complete upper or lower denture	\$232.50	\$350.00				
Orthodontics						
The orthodontic benefit covers: consultation, necessary appliances, banding, and monthly office visits for 24 months.						
Start up services	\$250	\$250	\$250	\$250	\$250	\$250
Class I (teeth straightening)	\$1,895	\$1,895	\$1,895	\$1,895	\$1,895	\$1,895
Class II (correction of overbite)	\$1,895	\$1,895	\$1,895	\$1,895	\$1,895	\$1,895
Class III (correction of underbite)	\$1,895	\$1,895	\$1,895	\$1,895	\$1,895	\$1,895
Post treatment stabilization (retainers) if applied after the 24-month treatment period						
to age 18	\$250	\$250	\$250	\$250	\$250	\$250
adults 18 and over	\$300	\$300	\$300	\$300	\$300	\$300
Final records	\$150	\$150	\$150	\$150	\$150	\$150
Orthodontic treatment must be provided by a PacifiCare Dental Panel Orthodontist.						
Orthodontic referrals must be submitted by the patient's assigned dental provider to PacifiCare Dental.						

NTCV = Not Covered

PacifiCare SignatureValue and PacifiCare SignatureOptions¹ dental plans

Summary of Benefits – Plans Available to Small Businesses

	PacifiCare SignatureValue Plans			PacifiCare SignatureOptions Plans ¹ Percentage payable of fee schedule			
	Patient Pays			Plan Pays			
	Dental 144	Dental 142	Dental 140	Dental 400 In-network/ Out-of-network	Dental 410 In-network/ Out-of-network	Dental 420 In-network/ Out-of-network	Dental 460 In-network/ Out-of-network
Calendar Year Maximum, per person	NA	NA	NA	\$1,000	\$1,000	\$1,000	None
Calendar Year Deductible, per person	NA	NA	NA	\$ 50	\$ 50	\$ 50	None
Calendar Year Deductible, per family	NA	NA	NA	\$ 150	\$ 150	\$ 150	None
Preventive Services							
				80/80	100/80	100/100	100/70
Office visit	\$5	\$5	\$5				
X-rays, full mouth	NC	NC	\$5				
Single film	NC	NC	NC				
Each additional film	NC	NC	NC				
Prophylaxis	NC	NC	\$15				
Topical fluoride (under age 18)	NC	NC	\$13				
Sealants (per tooth; under age 18)	\$7	\$10	\$10				
Diagnostic casts (non-orthodontic)	\$10	\$15	\$20				
Emergency treatment (palliative)	\$5	\$5	\$10				
Office visit (after hours)	\$20	\$20	NTCV				
Routine Services							
Restorative Dentistry							
Amalgam restorations (cavities involving primary ⁴ and permanent teeth)				80/50	80/50	80/60	Discounts Apply/ NTCV
One tooth surface	\$4	\$7	\$19				
Two tooth surfaces	\$5	\$10	\$23				
Three tooth surfaces	\$6	\$15	\$27				
Resin restorations							
Anterior teeth (3 surfaces)	\$17	\$22	\$30				
As above, involving incisal edge	\$20	\$27	\$34				
Pin retention in addition to final restoration, per tooth	\$10	\$15	\$20				
Sedative filling	\$5	\$5	\$10				
Oral Surgery							
Extraction (uncomplicated)	\$7	\$10	\$15	50/50	80/50 or 50/50 if Cost Management Option is selected	80/60 or 60/40 if Cost Management Option is selected	Discounts Apply/ NTCV
Each additional tooth (same visit)	\$5	\$8	\$15				
Soft tissue impaction	\$40	\$50	\$60				
Partially bony impaction	\$50	\$60	\$70				
Completely bony impaction	\$75	\$90	\$90				
Biopsy of oral tissue (soft)	\$6	\$10	\$20				
Biopsy of oral tissue (hard)	\$15	\$20	\$30				
Surgical removal of an erupted tooth	\$25	\$30	\$35				
Alveoplasty (not in conjunction with extractions), per quadrant	\$70	\$80	\$80				
Alveoplasty (in addition to tooth extraction), per quadrant	\$50	\$70	\$60				
Drain abscess (soft tissue)	\$10	\$20	\$40				
Frenectomy	\$20	\$30	\$40				
Endodontics							
Pulp capping (direct)	\$ 5	\$5	\$10	50/50	80/50 or 50/50 if Cost Management Option is selected	80/60 or 60/40 if Cost Management Option is selected	Discounts Apply/ NTCV
Pulp capping (indirect)	\$ 5	\$12	\$12				
Therapeutic pulpotomy	\$ 5	\$12	\$15				
Root canals (per tooth)							
Anterior	\$60	\$100	\$110				
Bicuspid	\$105	\$120	\$130				
Molar	\$150	\$180	\$200				
Prefabricated post	\$40	\$45	\$50				
Cast post and core*	\$60	\$75	\$90				
Periodontics							
Periodontal scaling and root planing, per quadrant	\$45	\$50	\$50	50/50	80/50 or 50/50 if Cost Management Option is selected	80/60 or 60/40 if Cost Management Option is selected	Discounts Apply/ NTCV
Gingivectomy, per quadrant	\$70	\$120	\$120				
Mucogingival surgery, per quadrant	\$250	\$290	\$310				
Gingivectomy, per tooth	\$10	\$20	\$35				
Periodontal maintenance (once every 6 months)	NC	\$15	\$25				
Occlusion adjustment	NC	NC	\$20				

NA = Not Applicable NC = No Charge NTCV = Not Covered

PacifiCare SignatureValue and PacifiCare SignatureOptions¹ dental plans (cont'd)

Summary of Benefits – Plans Available to Small Businesses

	PacifiCare SignatureValue Plans			PacifiCare SignatureOptions Plans ¹ Percentage payable of fee schedule			
	Patient Pays			Plan Pays			
	Dental 144	Dental 142	Dental 140	Dental 400 In-network/ Out-of-network	Dental 410 In-network/ Out-of-network	Dental 420 In-network/ Out-of-network	Dental 460 In-network/ Out-of-network
Major Services							
Crowns and pontics				50/50	50/50	60/40	Discounts Apply/ NTCV
Stainless steel, primary tooth	\$15	\$25	\$25				
Full metal crown ⁵	\$125	\$175	\$250				
3/4 metal crown ⁵	\$125	\$175	\$250				
Porcelain crown (not for molars)	\$125	\$175	\$250				
Porcelain with metal crown ⁵ (not for molars)	\$125	\$175	\$250				
Porcelain with metal crown ⁵ (for molars)	\$200	\$250	\$250				
Cast post & core, in addition to crown ⁵	\$60	\$75	\$90				
Pontic, cast metal (base)	\$125	\$175	\$250				
Pontic, porcelain with metal ⁵	\$125	\$175	\$250				
Inlay recementation	NC	\$10	\$10				
Crown recementation	NC	\$10	\$10				
Bridge recementation	NC	\$12	\$10				
Prosthetics				50/50	50/50	60/40	Discounts Apply/ NTCV
Denture adjustment	NC	NC	NC				
Replace tooth, per tooth	\$15	\$25	\$30				
Denture repair	\$15	\$25	\$30				
Denture reline (office)	\$15	\$30	\$40				
Denture reline (lab processed)	\$60	\$65	\$65				
Partial denture, upper or lower (including any conventional clasps, rests, and teeth)	\$100	\$180	\$300				
Complete upper or lower denture	\$125	\$195	\$300				
Fixed space maintainer (band type)	\$35	\$55	\$65				
Removable acrylic space maintainer	\$35	\$55	\$65				
Dentist may charge \$20.00 for broken appointments if not notified at least 24 hours in advance.							
Orthodontics				Patient Pays			NTCV
The orthodontic benefit covers: consultation, necessary appliances, banding, and monthly office visits for 24 months.							
Start up services	\$250	\$250	\$250	\$250	\$250	\$250	
Class I (teeth straightening)	\$1,895	\$1,895	\$1,895	\$1,895	\$1,895	\$1,895	
Class II (correction of overbite)	\$1,895	\$1,895	\$1,895	\$1,895	\$1,895	\$1,895	
Class III (correction of underbite)	\$1,895	\$1,895	\$1,895	\$1,895	\$1,895	\$1,895	
Post treatment stabilization (retainers) if applied after the 24-month treatment period							
to age 18	\$250	\$250	\$250	\$250	\$250	\$250	
adults 18 and over	\$300	\$300	\$300	\$300	\$300	\$300	
Final records	\$150	\$150	\$150	\$150	\$150	\$150	

Orthodontic treatment must be provided by a PacifiCare Dental Panel Orthodontist.
Orthodontic referrals must be submitted by the patient's assigned dental provider to PacifiCare Dental.

NC = No Charge NTCV = Not Covered

¹ The PacifiCare SignatureOptions and PacifiCare SignatureIndependence dental plans are underwritten by PacifiCare Life and Health Insurance Company. The PacifiCare SignatureValue plans are offered by PacifiCare Dental.
² Association plans are only offered on a voluntary basis.
³ UCR (Usual, Customary, and Reasonable) normally refers to not more than a dentist's usual charge, within the customary range of fees in the locality, and reasonable, based on the patient's dental circumstances. Normally, a health benefits plan will pay all or a portion of expenses incurred up to the UCR charge; expenses above the UCR charges must be paid by the patient in addition to the patient's coinsurance amounts.
⁴ For primary teeth, copayments vary on the Dental 140 plan.
⁵ Member is responsible for copayment, plus actual lab cost of precious metal.

Voluntary PacifiCare SignatureValue plans include Dental 140, Dental 142, and Dental 144. Voluntary PacifiCare SignatureOptions plans include Dental 310, Dental 312, and Dental 460. Please note there may be a six-month wait for basic services on the Dental 310 and Dental 312 plans.



Whether your clients need affordability, or flexibility, choice or basic coverage, PacifiCare Dental & Vision has a plan design to fit. This comparison of plans is provided for your convenience. For complete information about business requirements please refer to our Dental and Vision Plans for Small Business brochure.

Plans Designed for Today's Employer

PacifiCare SignatureValue and PacifiCare SignatureOptions dental plans are designed to balance costs, provide flexibility and choice, and offer customers some of the largest provider networks available. These dental plans, along with the PacifiCare SignatureOptions vision product line, offer a comprehensive range of coverage options for your client.

Quality Provider Networks

We use rigorous quality standards to credential and monitor the dentists in our dental HMO network. Our standards are equivalent to those of the National Committee for Quality Assurance (NCQA), the highest standards used for credentialing medical providers. In addition, all of our contracting dental HMO offices participate in our Dentist Practice Profile reward program designed to recognize dentists for service excellence to our members. As a result, our PacifiCare SignatureValue dental plan members can select from a network that ranks among the highest for member satisfaction.

All network-based products offer access to some of the largest provider networks available in California:

- ▶ **Dental HMO network – more than 4,000 dentists**
- ▶ **Dental PPO network – more than 11,000 dentists**
- ▶ **Vision PPO network – over 5,000 vision care providers**

Exceptional Customer Service

Our responsive Member Service Call Center routinely surpasses performance benchmarks and industry standards in the areas of call responsiveness and member satisfaction. Monthly member service surveys help us track performance. Service standards include:

- ▶ **Member satisfaction approaching 90%**
- ▶ **Eighty percent of member calls answered in 30 seconds or less**
- ▶ **Average speed of answer, 20 seconds or less**

Employer group satisfaction is as important to us as member satisfaction. That's why a dedicated dental and vision account manager is available to respond quickly to product specific needs.

Please contact your PacifiCare of California sales representative for more information.

PacifiCare Dental received the lowest complaint volume of all the largest eight California dental HMO's in the most recent Department of Managed Health Care (DMHC) Record of Consumer Complaints. 2001 DMHC Record of Consumer Complaints - Complaints per 10,000 enrollees

PacifiCare SignatureOptions dental and vision plans underwritten by PacifiCare Life and Health Insurance Company. Administered by PacifiCare Dental & Vision Administrators. All PacifiCare SignatureValue dental products licensed under PacifiCare Dental.

**3110 Lake Center Drive
Santa Ana, California 92704**

**Customer Service
1-800-22-TEETH (1-800-228-3384)**

Visit our Web site @ www.pacificare-dental.com