



Standard Insurance Company is committed to providing valuable Group Dental insurance policies to small businesses. We understand that finding a balance between quality coverage and affordable premiums is crucial. That's why we offer a choice of plan designs to meet the specific needs of employers.

The Standard offers three distinct small business Dental plans, which enable employers to find the right mix of employee benefits and costs:

- **The Standard SelectSM Optima CareSM (Plan 1)** offers the most generous benefits in terms of frequency of procedures, expense classifications and coinsurance schedule.
- **The Standard SelectSM Banner Dental CareSM (Plan 2)** is priced 11% less than the Optima Care plan, balances cost and quality care by covering essential procedures to maintain oral health while controlling expenses through procedure limitations.
- **The Standard SelectSM PPO Max (Plan 3)** is priced 28% below the Banner Dental Care plan, using the Banner Dental Care procedure placement and frequency limits while also using the PPO negotiated fee amounts for the maximum claim allowance when insureds see out-of-network providers. This plan is only offered in areas where PPO provider density is high enough to maximize network usage and minimize service dissatisfaction with insureds.*

Each Dental plan includes:

- A choice of calendar year maximum: either \$1,000 or \$1,500.
- Expenses paid at 100% for Type 1 (preventive), 80% for Type 2 (basic) and 50% for Type 3 (major), after the deductible is satisfied. Please note that Type 1 expenses in Banner Dental Care and PPO Max are different than the Type 1 expenses in the Optima Care plan.
- A deductible of \$50 per insured person per calendar year. The family maximum is \$150. There is no deductible applied for covered Type 1 (preventive) dental expenses.
- The Standard's Max Builder (annual maximum carryover) program.
- Option to add-on Eye Care or Orthodontia.
- Three tier rates: Employee-only, Employee plus 1 dependent, and Employee plus 2 or more dependents.
- One year waiting period on Type 3 (major) expenses. One year wait is waived for eligible members on the effective date if the prior plan has been in force for at least two years and included Type 3 (major) coverage for at least the last 12 months. Copy of current carrier's billing and certificate booklet is required.**
- New hires after the policy effective date will serve a one year waiting period before Type 3 (major) expenses will be reimbursed.
- Access to a national PPO network.
- One year initial rate guarantee; two years if The Standard Select Dental is purchased with two or more other lines of coverage from The Standard.

**Final Rates Determined by Number of Insured Employees on the Plan Effective Date.
Employees Participating in the Dental Plan Must Work a Minimum of 30 Hours a Week.**

For Information about The Standard's dental products for small businesses, contact the Employee Benefits Sales and Service office for your area at 800-633-8575.

* PPO Max (Plan 3) is not available in Massachusetts and New Jersey.

** If the in force plan is a Pre-paid Plan, Capitation Plan, or Dental Maintenance Organization (DMO) Plan, we will not waive the 1-year wait on Type 3 (major) service.

Eye Care:*

- Available as an add-on to all three Dental plans.
- Any dependent who waives Dental coverage is not eligible for Eye Care coverage (participation in Eye Care must first include Dental).

Family Status	Rate
Single	\$4.36
EE+1	\$8.72
Family	\$12.28

Orthodontia:*

- Requires a minimum of five enrolled employees on the effective date and at each renewal.
- Coverage requires a 12-month waiting period.
- No takeover coverage is available.
- Any dependent who waives Dental coverage is not eligible for Orthodontia coverage (participation in Orthodontia must first include Dental).

Family Status	Rate
Single	\$0.76
EE+1	\$3.51
Family	\$12.65

See Area Bands for Dental Coverage.

(2 Lives) – Plan 1 Optima Care

\$1,000 Annual Maximum				\$1,500 Annual Maximum		
Area Band	Single	EE+1	Family	Single	EE+1	Family
1	\$35.75	\$79.52	\$126.04	\$39.33	\$87.48	\$138.64
2	\$38.97	\$86.68	\$137.39	\$42.87	\$95.36	\$151.12
3	\$42.48	\$94.48	\$149.75	\$46.72	\$103.93	\$164.73
4	\$46.31	\$102.98	\$163.23	\$50.94	\$113.28	\$179.55
5	\$50.48	\$112.25	\$177.92	\$55.53	\$123.48	\$195.72
6	\$55.03	\$122.36	\$193.93	\$60.53	\$134.60	\$213.33
7	\$59.98	\$133.38	\$211.38	\$65.79	\$146.71	\$232.52
8	\$65.36	\$145.38	\$230.40	\$71.91	\$159.92	\$253.46
9	\$71.25	\$158.45	\$251.15	\$78.38	\$174.31	\$276.27
10	\$77.66	\$172.71	\$273.76	\$85.42	\$189.98	\$301.13

(2 Lives) – Plan 2 Banner Dental Care

\$1,000 Annual Maximum				\$1,500 Annual Maximum		
Area Band	Single	EE+1	Family	Single	EE+1	Family
1	\$31.82	\$70.78	\$112.17	\$35.00	\$77.86	\$123.39
2	\$34.68	\$77.15	\$122.27	\$38.15	\$84.86	\$134.50
3	\$37.80	\$84.09	\$133.27	\$41.59	\$92.50	\$146.60
4	\$41.22	\$91.66	\$145.27	\$45.34	\$100.83	\$159.80
5	\$44.93	\$99.91	\$158.35	\$49.42	\$109.90	\$174.19
6	\$48.97	\$108.91	\$172.59	\$53.87	\$119.80	\$189.86
7	\$53.38	\$118.71	\$188.13	\$58.72	\$130.59	\$206.95
8	\$58.19	\$129.39	\$205.07	\$64.00	\$142.32	\$225.57
9	\$63.42	\$141.03	\$223.53	\$69.75	\$155.12	\$245.88
10	\$69.12	\$153.73	\$243.66	\$76.03	\$169.09	\$268.01

(2 Lives) – Plan 3 PPO Max

\$1,000 Annual Maximum				\$1,500 Annual Maximum		
Area Band	Single	EE+1	Family	Single	EE+1	Family
1	\$22.91	\$50.95	\$80.76	\$25.21	\$56.05	\$88.84
2	\$24.97	\$55.55	\$88.04	\$27.47	\$61.11	\$96.85
3	\$27.23	\$60.54	\$95.97	\$29.95	\$66.60	\$105.57
4	\$29.68	\$65.99	\$104.60	\$32.65	\$72.60	\$115.05
5	\$32.34	\$71.93	\$114.01	\$35.58	\$79.11	\$125.41
6	\$35.27	\$78.41	\$124.28	\$38.79	\$86.25	\$136.70
7	\$38.43	\$85.48	\$135.46	\$42.27	\$94.02	\$149.00
8	\$41.89	\$93.16	\$147.65	\$46.08	\$102.47	\$162.42
9	\$45.66	\$101.54	\$160.95	\$50.22	\$111.69	\$177.04
10	\$49.77	\$110.69	\$175.42	\$54.75	\$121.75	\$192.97

* Rules and limitations apply. See your Employee Benefit Sales and Service Office for further information.

See Area Bands for Dental Coverage.

(3 Lives) – Plan 1 Optima Care

\$1,000 Annual Maximum				\$1,500 Annual Maximum		
Area Band	Single	EE+1	Family	Single	EE+1	Family
1	\$31.94	\$71.03	\$112.57	\$35.13	\$78.13	\$123.83
2	\$34.80	\$77.42	\$122.70	\$38.28	\$85.16	\$134.97
3	\$37.94	\$84.38	\$133.75	\$41.73	\$92.82	\$147.12
4	\$41.36	\$91.98	\$145.79	\$45.49	\$101.17	\$160.36
5	\$45.09	\$100.25	\$158.92	\$49.60	\$110.29	\$174.81
6	\$49.15	\$109.28	\$173.21	\$54.06	\$120.22	\$190.53
7	\$53.57	\$119.12	\$188.80	\$58.93	\$131.04	\$207.68
8	\$58.38	\$129.84	\$205.78	\$64.22	\$142.83	\$226.37
9	\$63.63	\$141.52	\$224.31	\$70.00	\$155.67	\$246.74
10	\$69.36	\$154.26	\$244.51	\$76.30	\$169.69	\$268.96

(4 Lives) – Plan 1 Optima Care

\$1,000 Annual Maximum				\$1,500 Annual Maximum		
Area Band	Single	EE+1	Family	Single	EE+1	Family
1	\$28.55	\$63.50	\$100.65	\$31.41	\$69.85	\$110.71
2	\$31.11	\$69.22	\$109.70	\$34.23	\$76.14	\$120.67
3	\$33.92	\$75.45	\$119.58	\$37.31	\$82.99	\$131.54
4	\$36.98	\$82.23	\$130.34	\$40.68	\$90.46	\$143.38
5	\$40.31	\$89.63	\$142.07	\$44.35	\$98.60	\$156.28
6	\$43.94	\$97.71	\$154.86	\$48.34	\$107.48	\$170.35
7	\$47.89	\$106.50	\$168.79	\$52.68	\$117.15	\$185.67
8	\$52.19	\$116.09	\$183.98	\$57.41	\$127.69	\$202.38
9	\$56.89	\$126.53	\$200.55	\$62.58	\$139.18	\$220.60
10	\$62.01	\$137.92	\$218.60	\$68.21	\$151.71	\$240.46

(3 Lives) – Plan 2 Banner Dental Care

\$1,000 Annual Maximum				\$1,500 Annual Maximum		
Area Band	Single	EE+1	Family	Single	EE+1	Family
1	\$28.43	\$63.22	\$100.19	\$31.26	\$69.53	\$110.20
2	\$30.98	\$68.91	\$109.20	\$34.07	\$75.79	\$120.12
3	\$33.77	\$75.11	\$119.03	\$37.15	\$82.62	\$130.94
4	\$36.81	\$81.87	\$129.75	\$40.49	\$90.05	\$142.72
5	\$40.13	\$89.23	\$141.43	\$44.14	\$98.16	\$155.58
6	\$43.74	\$97.27	\$154.15	\$48.12	\$106.99	\$169.58
7	\$47.67	\$106.02	\$168.03	\$52.44	\$116.63	\$184.83
8	\$51.96	\$115.55	\$183.15	\$57.16	\$127.11	\$201.46
9	\$56.63	\$125.95	\$199.64	\$62.30	\$138.54	\$219.61
10	\$61.74	\$137.30	\$217.61	\$67.91	\$151.03	\$239.37

(4 Lives) – Plan 2 Banner Dental Care

\$1,000 Annual Maximum				\$1,500 Annual Maximum		
Area Band	Single	EE+1	Family	Single	EE+1	Family
1	\$25.41	\$56.51	\$89.57	\$27.95	\$62.17	\$98.54
2	\$27.70	\$61.61	\$97.64	\$30.46	\$67.76	\$107.40
3	\$30.19	\$67.15	\$106.42	\$33.21	\$73.87	\$117.07
4	\$32.92	\$73.19	\$116.01	\$36.20	\$80.52	\$127.60
5	\$35.88	\$79.78	\$126.45	\$39.47	\$87.76	\$139.10
6	\$39.11	\$86.97	\$137.83	\$43.02	\$95.65	\$151.61
7	\$42.63	\$94.79	\$150.23	\$46.89	\$104.27	\$165.25
8	\$46.46	\$103.31	\$163.74	\$51.10	\$113.64	\$180.12
9	\$50.64	\$112.61	\$178.49	\$55.71	\$123.88	\$196.35
10	\$55.19	\$122.74	\$194.56	\$60.72	\$135.03	\$214.02

(3 Lives) – Plan 3 PPO Max

\$1,000 Annual Maximum				\$1,500 Annual Maximum		
Area Band	Single	EE+1	Family	Single	EE+1	Family
1	\$20.46	\$45.51	\$72.12	\$22.51	\$50.06	\$79.35
2	\$22.30	\$49.61	\$78.63	\$24.53	\$54.58	\$86.50
3	\$24.32	\$54.07	\$85.70	\$26.75	\$59.48	\$94.28
4	\$26.51	\$58.94	\$93.42	\$29.16	\$64.84	\$102.76
5	\$28.88	\$64.24	\$101.82	\$31.78	\$70.67	\$112.01
6	\$31.50	\$70.03	\$110.99	\$34.65	\$77.04	\$122.09
7	\$34.32	\$76.33	\$120.97	\$37.76	\$83.97	\$133.08
8	\$37.42	\$83.21	\$131.87	\$41.16	\$91.52	\$145.06
9	\$40.78	\$90.68	\$143.74	\$44.86	\$99.76	\$158.13
10	\$44.45	\$98.85	\$156.67	\$48.89	\$108.74	\$172.35

(4 Lives) – Plan 3 PPO Max

\$1,000 Annual Maximum				\$1,500 Annual Maximum		
Area Band	Single	EE+1	Family	Single	EE+1	Family
1	\$18.30	\$40.69	\$64.49	\$20.12	\$44.75	\$70.94
2	\$19.93	\$44.35	\$70.30	\$21.93	\$48.79	\$77.32
3	\$21.74	\$48.35	\$76.63	\$23.91	\$53.17	\$84.28
4	\$23.70	\$52.70	\$83.52	\$26.07	\$57.97	\$91.87
5	\$25.83	\$57.43	\$91.04	\$28.42	\$63.18	\$100.15
6	\$28.17	\$62.62	\$99.24	\$30.98	\$68.88	\$109.16
7	\$30.69	\$68.25	\$108.16	\$33.76	\$75.08	\$118.99
8	\$33.45	\$74.39	\$117.90	\$36.79	\$81.83	\$129.68
9	\$36.46	\$81.08	\$128.52	\$40.11	\$89.20	\$141.37
10	\$39.74	\$88.38	\$140.07	\$43.71	\$97.22	\$154.08

See Area Bands for Dental Coverage.

(5-14 Lives) – Plan 1 Optima Care

\$1,000 Annual Maximum				\$1,500 Annual Maximum		
Area Band	Single	EE+1	Family	Single	EE+1	Family
1	\$26.53	\$59.02	\$93.53	\$29.19	\$64.92	\$102.89
2	\$28.92	\$64.34	\$101.96	\$31.81	\$70.76	\$112.15
3	\$31.52	\$70.12	\$111.13	\$34.68	\$77.13	\$122.25
4	\$34.37	\$76.44	\$121.14	\$37.80	\$84.06	\$133.25
5	\$37.46	\$83.31	\$132.04	\$41.21	\$91.63	\$145.24
6	\$40.84	\$90.81	\$143.93	\$44.92	\$99.89	\$158.31
7	\$44.50	\$98.98	\$156.87	\$48.96	\$108.88	\$172.55
8	\$48.51	\$107.89	\$171.00	\$53.36	\$118.67	\$188.09
9	\$52.88	\$117.59	\$186.38	\$58.16	\$129.35	\$205.02
10	\$57.63	\$128.17	\$203.16	\$63.40	\$141.00	\$223.48

(15-99 Lives) – Plan 1 Optima Care

\$1,000 Annual Maximum				\$1,500 Annual Maximum		
Area Band	Single	EE+1	Family	Single	EE+1	Family
1	\$25.21	\$56.06	\$88.87	\$27.73	\$61.68	\$97.74
2	\$27.48	\$61.12	\$96.86	\$30.22	\$67.22	\$106.55
3	\$29.95	\$66.62	\$105.58	\$32.95	\$73.28	\$116.13
4	\$32.65	\$72.61	\$115.08	\$35.92	\$79.87	\$126.59
5	\$35.59	\$79.14	\$125.43	\$39.15	\$87.05	\$137.98
6	\$38.79	\$86.26	\$136.72	\$42.67	\$94.90	\$150.39
7	\$42.28	\$94.03	\$149.02	\$46.51	\$103.43	\$163.92
8	\$46.09	\$102.49	\$162.45	\$50.69	\$112.74	\$178.68
9	\$50.23	\$111.71	\$177.06	\$55.26	\$122.89	\$194.77
10	\$54.75	\$121.77	\$193.00	\$60.23	\$133.94	\$212.31

(5-14 Lives) – Plan 2 Banner Dental Care

\$1,000 Annual Maximum				\$1,500 Annual Maximum		
Area Band	Single	EE+1	Family	Single	EE+1	Family
1	\$23.61	\$52.53	\$83.24	\$25.98	\$57.78	\$91.57
2	\$25.74	\$57.26	\$90.74	\$28.31	\$62.98	\$99.81
3	\$28.06	\$62.40	\$98.91	\$30.86	\$68.64	\$108.79
4	\$30.58	\$68.02	\$107.80	\$33.65	\$74.83	\$118.59
5	\$33.34	\$74.13	\$117.51	\$36.68	\$81.56	\$129.27
6	\$36.34	\$80.81	\$128.09	\$39.98	\$88.90	\$140.90
7	\$39.62	\$88.10	\$139.62	\$43.58	\$96.91	\$153.58
8	\$43.18	\$96.02	\$152.18	\$47.49	\$105.61	\$167.39
9	\$47.06	\$104.66	\$165.89	\$51.77	\$115.12	\$182.48
10	\$51.30	\$114.08	\$180.82	\$56.42	\$125.48	\$198.89

(15-99 Lives) – Plan 2 Banner Dental Care

\$1,000 Annual Maximum				\$1,500 Annual Maximum		
Area Band	Single	EE+1	Family	Single	EE+1	Family
1	\$22.43	\$49.90	\$79.08	\$24.67	\$54.89	\$86.99
2	\$24.46	\$54.40	\$86.21	\$26.89	\$59.83	\$94.82
3	\$26.65	\$59.29	\$93.95	\$29.32	\$65.22	\$103.35
4	\$29.06	\$64.62	\$102.42	\$31.97	\$71.09	\$112.66
5	\$31.68	\$70.44	\$111.64	\$34.84	\$77.48	\$122.81
6	\$34.53	\$76.78	\$121.68	\$37.98	\$84.45	\$133.85
7	\$37.64	\$83.70	\$132.64	\$41.40	\$92.06	\$145.90
8	\$41.01	\$91.21	\$144.56	\$45.12	\$100.34	\$159.03
9	\$44.71	\$99.42	\$157.59	\$49.18	\$109.37	\$173.34
10	\$48.73	\$108.37	\$171.77	\$53.60	\$119.21	\$188.96

(5-14 Lives) – Plan 3 PPO Max

\$1,000 Annual Maximum				\$1,500 Annual Maximum		
Area Band	Single	EE+1	Family	Single	EE+1	Family
1	\$17.01	\$37.82	\$59.94	\$18.70	\$41.59	\$65.92
2	\$18.53	\$41.22	\$65.34	\$20.38	\$45.35	\$71.87
3	\$20.20	\$44.93	\$71.22	\$22.23	\$49.43	\$78.34
4	\$22.03	\$48.98	\$77.62	\$24.23	\$53.87	\$85.38
5	\$24.01	\$53.38	\$84.61	\$26.40	\$58.71	\$93.07
6	\$26.18	\$58.20	\$92.23	\$28.79	\$64.01	\$101.45
7	\$28.52	\$63.43	\$100.52	\$31.37	\$69.77	\$110.57
8	\$31.09	\$69.13	\$109.56	\$34.20	\$76.05	\$120.53
9	\$33.89	\$75.36	\$119.45	\$37.27	\$82.89	\$131.38
10	\$36.94	\$82.14	\$130.19	\$40.63	\$90.35	\$143.20

(15-99 Lives) – Plan 3 PPO Max

\$1,000 Annual Maximum				\$1,500 Annual Maximum		
Area Band	Single	EE+1	Family	Single	EE+1	Family
1	\$16.15	\$35.93	\$56.93	\$17.77	\$39.52	\$62.64
2	\$17.60	\$39.17	\$62.07	\$19.36	\$43.08	\$68.27
3	\$19.19	\$42.68	\$67.65	\$21.11	\$46.95	\$74.42
4	\$20.92	\$46.52	\$73.74	\$23.02	\$51.19	\$81.11
5	\$22.80	\$50.72	\$80.38	\$25.08	\$55.78	\$88.41
6	\$24.86	\$55.28	\$87.61	\$27.35	\$60.81	\$96.37
7	\$27.09	\$60.26	\$95.50	\$29.80	\$66.28	\$105.04
8	\$29.53	\$65.68	\$104.10	\$32.49	\$72.24	\$114.51
9	\$32.19	\$71.59	\$113.48	\$35.41	\$78.75	\$124.82
10	\$35.08	\$78.03	\$123.67	\$38.60	\$85.83	\$136.05

Standard Insurance Company

800.521.8776 Tel
900 SW Fifth Avenue Portland OR 97204

The Standard SelectSM Area Bands for Dental Coverage

State	Zip Code	Area Band	PPO Max Availability
AK	995-999	9	No
AL	350-352, 354, 358, 361	3	Yes
AL	353	4	No
AL	355	2	Yes
AL	356-357, 359, 365-366, 368-369	3	No
AL	360, 362-364, 367	2	No
AR	716-719, 723-729	3	No
AR	720-722	4	No
AZ	850, 857	5	Yes
AZ	851, 854, 858	4	No
AZ	852	6	Yes
AZ	853, 855-856	4	Yes
AZ	859-869	3	No
CA	900, 902-908, 910-916, 927, 930, 943, 946-947, 950-951	10	Yes
CA	901, 909, 929, 938	10	No
CA	917, 922-925, 933, 939, 952, 956-958	8	Yes
CA	918, 926, 928, 931, 934, 940-941, 944-945, 948-949	9	Yes
CA	919-921, 932, 935-937	7	Yes
CA	942	9	No
CA	953	6	Yes
CA	954	8	No
CA	955, 960, 962-966	4	No
CA	959	4	Yes
CA	961	6	No
CO*	800-806, 808-810	5	Yes
CO*	807, 811-814	4	No
CO*	815-819	5	No
CT	60-61, 64-66	8	Yes
CT	62	8	No
CT	63, 67	7	Yes
CT	68-69	9	Yes
DC	200	7	Yes
DC	201	6	Yes
DC	202-205	6	No
DE	197-198	6	No
DE	199	4	No
FL*	320-321, 323, 327, 329, 335-339, 341-342, 346-347	4	Yes
FL*	322, 326, 328	3	Yes
FL*	324	3	No
FL*	325, 340, 348	4	No
FL*	330-331	7	Yes
FL*	332	7	No
FL*	333-334, 344	6	Yes
FL*	343, 345	6	No
FL*	349	5	Yes
GA	300	6	Yes
GA	301-303	5	Yes

State	Zip Code	Area Band	PPO Max Availability
GA	304, 307, 310, 312, 315-319	3	No
GA	305, 313	4	Yes
GA	306, 308-309, 314	4	No
GA	311	5	No
HI	967-968	7	No
IA	500-501, 507, 509, 511, 517-520, 524, 528	4	No
IA	502-503	4	Yes
IA	504-506, 508, 510, 512-514, 516, 521-523, 525-527	3	No
IA	515	3	Yes
ID	832-833, 835-837, 839	5	No
ID	834	9	No
ID	838	6	No
IL	600-603	6	Yes
IL	604-605, 607-608, 620, 622	4	Yes
IL	606	7	Yes
IL	609-619, 621, 623-629	4	No
IN	460-461, 465-466, 468-469, 472	3	No
IN	462	3	Yes
IN	463, 470	4	No
IN	464	4	Yes
IN	467, 473-479	2	No
IN	471	2	Yes
KS	660, 663-679	4	No
KS	661-662	4	Yes
KY	400-407, 410, 416-417, 426-427	3	Yes
KY	408-409, 411-415, 418-425, 428-429	3	No
LA	700-705, 707-708, 710, 712	3	No
LA	706, 713-714	2	No
LA	709, 711, 715	4	No
MA	10-20, 23-27, 55	7	N/A
MA	21-22	8	N/A
MD	206, 216-217, 219	5	Yes
MD	207-212, 214	6	Yes
MD	213	6	No
MD	215, 218	5	No
ME	39-49	5	No
MI	480-483	5	Yes
MI	484, 486-488, 490-492, 494-499	4	No
MI	485, 489	6	Yes
MI	493	4	Yes
MN	550	6	Yes
MN	551, 553	7	Yes
MN	552	7	No
MN	554	8	Yes
MN	555	8	No
MN	556, 561-562, 565-569	4	No
MN	557-559, 563-564	6	No

*The Standard Select Dental is not available in Colorado and Florida.

Standard Insurance Company

800.521.8776 Tel
900 SW Fifth Avenue Portland OR 97204

The Standard SelectSM
Area Bands for Dental Coverage

State	Zip Code	Area Band	PPO Max Availability
MN	560	5	No
MO	630, 633	3	Yes
MO	631, 640-641	4	Yes
MO	632, 642-643, 659	4	No
MO	634-635, 638-639, 644-645, 647, 655-657	2	No
MO	636-637, 648-652, 654, 658	3	No
MO	646, 653	2	Yes
MS	386-389	2	No
MS	390-391, 393-397	3	No
MS	392, 398-399	4	No
MT	590-599	4	No
NC	270, 272, 280, 285-289	3	No
NC	271, 273, 275, 277-279, 281, 283-284	4	No
NC	274, 276, 282	5	No
ND	580, 583-584	3	No
ND	581-582, 585-589	4	No
NE	680-681, 683-685, 687-688, 690, 692	3	Yes
NE	682, 689, 691, 693	3	No
NE	686	2	Yes
NE	694-699	4	No
NH	30-38	5	No
NJ	70-79, 85-86, 88-89	8	N/A
NJ	80, 82-83	6	N/A
NJ	81, 84, 87	7	N/A
NM	870, 872-879, 881, 884, 886-889	4	No
NM	871, 880, 882-883	4	Yes
NV	890-891, 893	4	Yes
NV	892	5	No
NV	894-895, 897	6	Yes
NV	896, 899	6	No
NV	898	5	Yes
OH	430-431, 436, 440, 442-443, 445, 447, 449, 452	4	Yes
OH	432, 441	5	Yes
OH	433-435, 437-439, 446, 448, 451, 457-459	3	No
OH	444	4	No
OH	450, 453-456	3	Yes
OK	730, 734-739, 741-746	3	No
OK	731	3	Yes
OK	732, 740	4	No
OK	747-749	2	No
OR	970-972	7	Yes
OR	973, 977	7	No
OR	974-976	6	No
OR	978-979	5	No
PA	150-152, 180-182, 185, 187, 189, 195-196	5	Yes
PA	153-156, 159-162, 171, 186	4	Yes
PA	157, 163-166, 168-170, 173-179, 188	4	No
PA	158, 167, 172	3	No

State	Zip Code	Area Band	PPO Max Availability
PA	183-184	5	No
PA	190-191, 193-194	6	Yes
PA	192	6	No
RI	28-29	5	No
SC	290, 294, 296	4	No
SC	291-292, 297-299	3	No
SC	293, 295	2	No
SD	570, 572-576, 578-579	3	No
SD	571, 577	4	No
TN	370-371	3	Yes
TN	372	5	Yes
TN	373-374, 376-378, 380, 382-385	3	No
TN	375, 379, 381	4	No
TX	733, 754, 759, 763, 776-777, 784, 791	4	No
TX	750, 760-761, 770, 773-774, 787	5	Yes
TX	751-752, 762, 775, 782	4	Yes
TX	753, 767	5	No
TX	755-758, 764-765, 778, 780, 783, 788-790, 792-794, 796-799, 885	3	No
TX	766, 768-769, 779, 785, 795	2	No
TX	771	7	No
TX	772	6	No
TX	781, 786	3	Yes
UT	840	8	Yes
UT	841, 844	7	Yes
UT	842-843, 847-849	5	No
UT	845	5	Yes
UT	846	6	Yes
VA	220, 224	5	Yes
VA	221, 225	4	Yes
VA	222-223	6	Yes
VA	226, 230-237	5	No
VA	227-228, 239, 241, 244	3	No
VA	229, 238, 240	4	No
VA	242-243, 245-246	2	No
VT	50-54, 56-59	5	No
WA	980-981, 984, 986	10	Yes
WA	982-983, 985	9	No
WA	987, 990, 993-994	8	No
WA	988-989, 991	7	No
WA	992	10	No
WI	530-531, 533-549	4	No
WI	532	4	Yes
WV	247-252, 260, 262-265	2	No
WV	253-259, 261, 266-268	3	No
WV	269	4	No
WY	820-823, 827, 829-830	5	No
WY	824-826, 828, 831	4	No

Premium calculation instructions:

1. Determine the dental plan and the annual maximum benefit desired for your group.
2. Use the state and zip code at the Employer's place of business to determine which area band to use.
3. Determine the number of employees that will be participating in the plan.
4. Look up rates in the table for the corresponding plan, maximum number of employees, and area band.
5. If a group has 5 or more lives and orthodontia coverage is desired, then include orthodontia add-on rates of \$0.76 for employee, \$3.51 for employee plus one dependent, and \$12.65 for employee plus two or more dependents.
6. If eye care coverage is desired, then include eye care add-on rates of \$4.36 for employee, \$8.72 for employee plus one dependent, and \$12.28 for employee plus two or more dependents.
7. Add up the rates for dental, orthodontia, and eye care.
8. Conduct the multiplication of the rates from the table times the number of employees electing each rate tier.
9. Add the right column to produce the total cost for the first month.

Premium calculation worksheet:

Example:

Check the desired plan and maximum amount:				
<input type="checkbox"/> Plan 1 – \$1,000 <input checked="" type="checkbox"/> Plan 1 – \$1,500 <input type="checkbox"/> Plan 2 – \$1,000 <input type="checkbox"/> Plan 2 – \$1,500 <input type="checkbox"/> Plan 3 – \$1,000 <input type="checkbox"/> Plan 3 – \$1,500				
Enter maximum: <u> \$1,500 </u> Zip code: <u> 972 </u> No. of lives: <u> 6 </u>				
	Dental	Orthodontia	Eye Care	Total
Employee only rate	<u> \$48.96 </u>	<u> \$0.76 </u>	<u> \$4.36 </u>	<u> \$54.08 </u>
Employee + 1 dependent rate	<u> \$108.88 </u>	<u> \$3.51 </u>	<u> \$8.72 </u>	<u> \$121.11 </u>
Employee + 2 or more dependents	<u> \$172.55 </u>	<u> \$12.65 </u>	<u> \$12.28 </u>	<u> \$197.48 </u>
	Total		No. of Employees	Result
Employee only rate	<u> \$54.08 </u>	x	<u> 3 </u>	<u> \$162.24 </u>
Employee + 1 dependent rate	<u> \$121.11 </u>	x	<u> 1 </u>	<u> \$121.11 </u>
Employee + 2 or more dependents	<u> \$197.48 </u>	x	<u> 2 </u>	<u> \$394.96 </u>
			Total First Month Cost:	<u> \$678.31 </u>
Requested Effective Date: <u> July 1, 2010 </u>				

Check the desired plan and maximum amount:

Plan 1 – \$1,000 Plan 1 – \$1,500 Plan 2 – \$1,000 Plan 2 – \$1,500 Plan 3 – \$1,000 Plan 3 – \$1,500

Enter maximum: _____ Zip code: _____ No. of lives: _____

	Dental	Orthodontia	Eye Care	Total
Employee only rate	_____	_____	_____	_____
Employee + 1 dependent rate	_____	_____	_____	_____
Employee + 2 or more dependents	_____	_____	_____	_____

	Total		No. of Employees	Result
Employee only rate	_____	x	_____	_____
Employee + 1 dependent rate	_____	x	_____	_____
Employee + 2 or more dependents	_____	x	_____	_____

Total First Month Cost: _____

Requested Effective Date: _____

No participation under the Group Policy is in force until approved in writing by Standard Insurance Company. Final rates are based on the number of enrolled employees on the Effective Date. The first month's premium should be submitted with the insurance application and group enrollment materials.