

DENTAL INSURANCE  
 BID OPENING 8-24-10

| DELTA DENTAL  |  |   |  |
|---|--|---|--|
| Product   | PPO Dentist  | Premier Dentist                                       | Non-Participating Dentist  |
| Plan Features   | based on a reduced fee schedule - no balance billing | based on a contractual agreement - no balance billing | based on Delta's maximum plan allowance; balance billing is possible |
| <b>Coverages</b>  |  |   |  |
| Preventive & Diagnostic Services                                  | 100%   | 100%  | 100%   |
| Basic Services  | 80%  | 80%   | 80%  |
| Major Services  | 50%  | 50%   | 50%  |
| Orthodontic Services  | 50%  | 50%   | 50%  |
| Calendar Year Deductible (Applies to Basic & Major Services only) | \$50 per person/\$150 family limit                   |   |  |
| Calendar Year Benefit Maximum                                     | \$1000 per person                                    |   |  |
| Lifetime Orthodontic Maximum                                      | \$1000 per person                                    |   |  |
| Dependent Age Limit   | end of the year in which your dependent turns 26     |   |  |
| Orthodontia Eligibility   | up to age 19   |   |  |
| <b>RATES</b>  |  |   |  |
| Employee  | \$27.66  |   |  |
| Employee & Spouse   | \$58.27  |   |  |
| Employee & Child(ren)   | \$72.02  |   |  |
| Employee & Family   | \$102.62   |   |  |

| UNITEDHEALTHCARE SPECIALTY BENEFITS                               |  |  |  |
|---|--|--|--|
| Product   | Passive PPO Custom                               |  |  |
| Plan Features   | In Network & Out of Network                      |  |  |
| <b>Coverages</b>  |  |  |  |
| Preventive & Diagnostic Services                                  | 100%   |  |  |
| Basic Services  | 80%  |  |  |
| Major Services  | 50%  |  |  |
| Orthodontic Services  | 50%  |  |  |
| Orthodontia Eligibility   | up to age 19                                     |  |  |
| Calendar Year Deductible (Applies to Basic & Major Services only) | \$50 per person/\$150 family limit               |  |  |
| Calendar Year Benefit Maximum                                     | \$1000 per person                                |  |  |
| Lifetime Orthodontic Maximum                                      | \$1000 per person                                |  |  |
| Dependent Age Limit   | end of the year in which your dependent turns 26 |  |  |
| <b>RATES</b>  |  |  |  |
| Employee  | \$27.65  |  |  |
| Employee & Spouse   | \$58.26  |  |  |
| Employee & Child(ren)   | \$72.01  |  |  |
| Employee & Family   | \$102.61   |  |  |

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| GHP   |  |  |  |
|---|--|--|--|
| Product   | Passive PPO I                                    |  |  |
| Plan Features   | In Network & Out of Network                      |  |  |
| <b>Coverages</b>  |  |  |  |
| Preventive & Diagnostic Services  | 100%   |  |  |
| Basic Services  | 80%  |  |  |
| Major Services  | 50%  |  |  |
| Orthodontic Services  | 50%  |  |  |
| Orthodontia Eligibility   | up to age 19                                     |  |  |
| Calendar Year Deductible (Applies to Diagnostic, Basic & Major Services only) | \$50 per person/\$150 family limit               |  |  |
| Calendar Year Benefit Maximum   | \$1000 per person                                |  |  |
| Lifetime Orthodontic Maximum  | \$1000 per person                                |  |  |
| Dependent Age Limit   | end of the year in which your dependent turns 26 |  |  |
|   |  |  |  |
| <b>RATES</b>  |  |  |  |
| Employee  | \$31.51  |  |  |
| Employee & Spouse   | \$63.02  |  |  |
| Employee & Child(ren)   | \$77.18  |  |  |
| Employee & Family   | \$108.69   |  |  |

| ESSEX DENTAL   |  |  |  |
|--|--|--|--|
| Product  | PPO I  | PPO II   |  |
| Plan Features  | In Network & Out of Network                      | In Network & Out of Network                      |  |
| <b>Coverages</b>   |  |  |  |
| Preventive & Diagnostic Services   | 100%   | 100%   |  |
| Basic Services   | 80%  | 90%  |  |
| Major Services   | 50%  | 80%  |  |
| Orthodontic Services   | 50%  | 60%  |  |
| Orthodontia Eligibility  | up to age 19                                     | up to age 19                                     |  |
| Calendar Year Deductible (Applies to Basic & Major Services only)                            | \$50 per person/\$150 family limit               | \$50 per person/\$150 family limit               |  |
| Calendar Year Benefit Maximum  | \$1000 per person                                | \$1200 per person                                |  |
| Lifetime Orthodontic Maximum   | \$1000 per person                                | \$1500 per person                                |  |
| Dependent Age Limit  | end of the year in which your dependent turns 26 | end of the year in which your dependent turns 26 |  |
| <b>RATES</b>   | 5% rate cap on 2nd year                          |  |  |
| Employee   | \$25.95  | \$31.22  |  |
| Employee & Spouse  | \$53.85  | \$63.69  |  |
| Employee & Child(ren)  | \$69.16  | \$81.55  |  |
| Employee & Family  | \$95.44  | \$114.02   |  |
|  |  |  |  |
| Late entrant limitation- Basic, Major & Orthodontic Services not covered for first 12 months |  |  |  |

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| ANTHEM DENTAL   |  |  |  |
|---|--|--|--|
| Product   | Option A   | Option B   |  |
| Plan Features   | In Network &<br>Out of Network                   | In Network &<br>Out of Network                   |  |
| <b>Coverages</b>  |  |  |  |
| Preventive & Diagnostic Services                                  | 100%   | 100%   |  |
| Basic Services  | 80%  | 90%  |  |
| Major Services  | 50%  | 80%  |  |
| Orthodontic Services  | 50%  | 60%  |  |
| Orthodontia Eligibility   | children & adults                                | children & adults                                |  |
| Calendar Year Deductible (Applies to Basic & Major Services only) | \$50 per person/\$150 family limit               | \$50 per person/\$150 family limit               |  |
| Calendar Year Benefit Maximum                                     | \$1000 per person                                | \$1200 per person                                |  |
| Lifetime Orthodontic Maximum                                      | \$1000 per person                                | \$1500 per person                                |  |
| Dependent Age Limit   | end of the year in which your dependent turns 26 | end of the year in which your dependent turns 26 |  |
|   |  |  |  |
| <b>RATES</b>  |  |  |  |
| Employee  | \$31.24  | \$38.83  |  |
| Employee & Spouse   | \$62.48  | \$77.66  |  |
| Employee & Child(ren)   | \$74.98  | \$93.20  |  |
| Employee & Family   | \$107.78   | \$133.97   |  |

| AMERITAS DENTAL   |  |  |  |
|---|--|--|--|
| Product   | Plan 1 passive PPO                               |  |  |
| Plan Features   | In Network &<br>Out of Network                   |  |  |
| <b>Coverages</b>  |  |  |  |
| Preventive & Diagnostic Services                                  | 100%   |  |  |
| Basic Services  | 80%  |  |  |
| Major Services  | 50%  |  |  |
| Orthodontic Services  | 50%  |  |  |
| Orthodontia Eligibility   | children & adults                                |  |  |
| Calendar Year Deductible (Applies to Basic & Major Services only) | \$50 per person/\$150 family limit               |  |  |
| Calendar Year Benefit Maximum                                     | \$1000 per person                                |  |  |
| Lifetime Orthodontic Maximum                                      | \$1000 per person                                |  |  |
| Dependent Age Limit   | end of the year in which your dependent turns 26 |  |  |
|   |  |  |  |
| <b>RATES</b>  |  |  |  |
| Employee  | \$27.80  |  |  |
| Employee & Spouse   | \$58.57  |  |  |
| Employee & Child(ren)   | \$72.39  |  |  |
| Employee & Family   | \$103.15   |  |  |

DENTAL INSURANCE  
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**BBS -- FORT DEARBORN AS CARRIER**

| Product   | Plan 1 passive PPO                               |  |  |
|---|--|--|--|
| Plan Features   | In Network &<br>Out of Network                   |  |  |
| <b>Coverages</b>  |  |  |  |
| Preventive & Diagnostic Services                                  | 100%   |  |  |
| Basic Services  | 80%  |  |  |
| Major Services  | 50%  |  |  |
| Orthodontic Services  | 50%  |  |  |
| Orthodontia Eligibility   | children & adults                                |  |  |
| Calendar Year Deductible (Applies to Basic & Major Services only) | \$50 per person/\$150 family limit               |  |  |
| Calendar Year Benefit Maximum                                     | \$1000 per person                                |  |  |
| Lifetime Orthodontic Maximum                                      | \$1000 per person                                |  |  |
| Dependent Age Limit   | end of the year in which your dependent turns 25 |  |  |
|   |  |  |  |
| <b>RATES</b>  |  |  |  |
| Employee  | \$26.32  |  |  |
| Employee & Spouse   | \$55.46  |  |  |
| Employee & Child(ren)   | \$68.55  |  |  |
| Employee & Family   | \$97.68  |  |  |

**BBS -- GUARDIAN AS CARRIER**

| Product   | Plan 1 -- PX                                     | Plan 2 -- ZZ                                     |  |
|---|--|--|--|
| Plan Features   | Any Dentist                                      | In network Only/Out of network                   |  |
| <b>Coverages</b>  |  |  |  |
| Preventive & Diagnostic Services                                  | 100%   | 100% / 50%                                       |  |
| Basic Services  | 80%  | 100% / 50%                                       |  |
| Major Services  | 50%  | 60% / 50%  |  |
| Orthodontic Services  | 50%  | 50%  |  |
| Orthodontia Eligibility   | children   | children   |  |
| Calendar Year Deductible (Applies to Basic & Major Services only) | \$50 per person/\$150 family limit               | \$0 per person/NA                                |  |
| Calendar Year Benefit Maximum                                     | \$1000 per person                                | \$1000 per person                                |  |
| Lifetime Orthodontic Maximum                                      | \$1000 per person                                | \$1000 per person                                |  |
| Dependent Age Limit   | end of the year in which your dependent turns 25 | end of the year in which your dependent turns 25 |  |
|   |  |  |  |
| <b>RATES</b>  | 9% renewal cap                                   | 9% renewal cap                                   |  |
| Employee  | \$24.78  | \$24.78  |  |
| Employee & Spouse   | \$52.20  | \$52.20  |  |
| Employee & Child(ren)   | \$64.53  | \$64.53  |  |
| Employee & Family   | \$91.95  | \$91.95  |  |