

SMALL BUSINESS ADVANTAGE PROGRAM

For Group Size 10-99 Eligible Employees

BENEFITS	PREMIER 1	PREMIER 2	PREMIER 3	PREMIER 4
Diagnostic (deductible waived) <ul style="list-style-type: none"> ✦ Exams (2 per 12-month period) ✦ Bitewing x-rays (2 per 12-month period) 	100%*	100%*	100%*	100%*
Preventive (deductible waived) <ul style="list-style-type: none"> ✦ Prophylaxis (cleaning) (2 per 12-month period) ✦ Fluoride treatments (to age 19) ✦ Sealants (to age 14) ✦ Space maintainers (to age 16) 	100%*	100%*	100%*	100%*
Basic Restorative <ul style="list-style-type: none"> ✦ Fillings (amalgam “silver” and composite “white” non-molar) 	50%*	80%*	80%*	80%*
Oral Surgery <ul style="list-style-type: none"> ✦ Extraction and oral surgery procedures, including pre- and post-operative care ✦ General anesthesia is covered when used in conjunction with covered oral surgical procedures 	50%*	80%*	80%*	80%*
Endodontics <ul style="list-style-type: none"> ✦ Pulpal therapy ✦ Root canal 	50%*	80%*	80%*	80%*
Periodontics <ul style="list-style-type: none"> ✦ Treatment to the gums and supporting structures of the teeth 	50%*	80%*	80%*	80%*
Major Restorative <ul style="list-style-type: none"> ✦ Inlays ✦ Onlays ✦ Crowns 	not a benefit	not a benefit	50%*	50%*
Prosthodontics <ul style="list-style-type: none"> ✦ Procedures for replacement of missing teeth by construction or repair of bridges and partial or complete dentures 	not a benefit	not a benefit	50%*	50%*
Orthodontics <ul style="list-style-type: none"> ✦ Straightening of teeth (dependent children to age 19) ✦ \$1,000 lifetime maximum 	not a benefit	not a benefit	not a benefit	50%*
Calendar year deductibles	\$50 Single \$150 Family	\$50 Single \$150 Family	\$50 Single \$150 Family	\$50 Single \$150 Family
Calendar year maximum per person	\$500	\$1,500	\$1,500	\$1,500

Premier 3 and Premier 4 (Major Restorative and Prosthodontics) – There is a six-month waiting period on major restorative and prosthodontic services for groups with fewer than 50 employees with no prior coverage.

Premier 4 (Orthodontics) – Orthodontics is only available for group sizes of 50-plus enrolled employees or group sizes of 10-49 that currently have orthodontic coverage with their current carrier.

*The DeltaPremier program makes its payments for both participating and non-participating dentists based on the DeltaPremier Maximum Plan Allowances (DeltaPremier MPA) or the dentists charged fee, whichever is less (DeltaPremier Allowed Amount). DeltaPremier participating dentists agree to accept the DeltaPremier Allowed Amount payment in full. Delta’s benefit is a percentage of the DeltaPremier Allowed Amount; an enrollee copayment may be required. Deductibles may also apply. Non-participating dentists may balance bill the patient without limit by Delta Dental.

This information highlights coverage for the Premier 1, Premier 2, Premier 3 and Premier 4 dental programs; this highlight sheet is not intended to be a complete list or complete description of benefits. Exclusions and limitations may apply.

The benefit explanations contained herein are subject to all provisions of the Group Dental Contract, and do not modify such contract in any way, nor shall the enrollee accrue any rights because of any statement in or omission from this highlight sheet.

SMALL BUSINESS ADVANTAGE PROGRAM

For Group Size 10-99 Eligible Employees

Monthly Rates* Valid for Effective Dates of January 1, 2004 through July 1, 2004

LEVEL ONE RATES (See Underwriting Policies and Requirements for eligible industries based on SIC codes)

PENNSYLVANIA				
PA AREA 1: EASTERN REGION (Bucks, Chester, Delaware, Lehigh, Montgomery, Northampton and Philadelphia counties)				
TIER STRUCTURE	PREMIER 1	PREMIER 2	PREMIER 3	PREMIER 4
Employee Only	\$14.75	\$20.15	\$29.95	\$29.95
Employee & Family	\$39.55	\$50.70	\$67.95	\$72.40
PA AREA 2: CENTRAL/NORTHEASTERN/WESTERN REGIONS				
TIER STRUCTURE	PREMIER 1	PREMIER 2	PREMIER 3	PREMIER 4
Employee Only	\$13.00	\$17.75	\$26.55	\$26.55
Employee & Family	\$35.00	\$44.85	\$60.10	\$64.05

NEW YORK				
NY AREA 1: GREATER NEW YORK REGION (Bronx, King, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk and West Chester counties)				
TIER STRUCTURE	PREMIER 1	PREMIER 2	PREMIER 3	PREMIER 4
Employee Only	\$25.75	\$34.45	\$50.35	\$50.35
Employee & Family	\$68.35	\$86.40	\$114.20	\$121.40
NY AREA 2: UPSTATE REGION				
TIER STRUCTURE	PREMIER 1	PREMIER 2	PREMIER 3	PREMIER 4
Employee Only	\$15.00	\$20.10	\$29.40	\$29.40
Employee & Family	\$39.85	\$50.40	\$66.60	\$70.85

MARYLAND				
MD AREA 1: EASTERN METRO REGION (Anne Arundel, Baltimore, Charles, Howard, Montgomery, Prince George's and St. Mary's counties)				
TIER STRUCTURE	PREMIER 1	PREMIER 2	PREMIER 3	PREMIER 4
Employee Only	\$19.95	\$27.20	\$40.50	\$40.50
Employee & Family	\$53.35	\$68.35	\$91.65	\$97.60
MD AREA 2: SOUTHERN / WESTERN REGIONS				
TIER STRUCTURE	PREMIER 1	PREMIER 2	PREMIER 3	PREMIER 4
Employee Only	\$13.30	\$18.15	\$27.10	\$27.10
Employee & Family	\$35.70	\$45.75	\$61.25	\$65.30

DISTRICT OF COLUMBIA				
TIER STRUCTURE	PREMIER 1	PREMIER 2	PREMIER 3	PREMIER 4
Employee Only	\$19.95	\$27.20	\$40.50	\$40.50
Employee & Family	\$53.35	\$68.35	\$91.65	\$97.60

DELAWARE				
TIER STRUCTURE	PREMIER 1	PREMIER 2	PREMIER 3	PREMIER 4
Employee Only	\$21.35	\$29.10	\$43.35	\$43.35
Employee & Family	\$57.10	\$73.20	\$98.10	\$104.55

WEST VIRGINIA				
TIER STRUCTURE	PREMIER 1	PREMIER 2	PREMIER 3	PREMIER 4
Employee Only	\$12.30	\$16.75	\$25.00	\$25.00
Employee & Family	\$32.95	\$42.25	\$56.65	\$60.35

Group Contribution and Participation Requirements:

Rates require that the employer will contribute at least 50% of the cost of the Plan (no more than 50% contribution by employee) and that there will be no less than 75% enrollment of all eligible employees and no less than 50% enrollment of their dependents. Rates are based on a minimum enrollment of 10 employees.

* Rates guaranteed for 12 months from the effective date. Monthly rates are based on the location of the group's headquarters.

SMALL BUSINESS ADVANTAGE PROGRAM

For Group Size 10-99 Eligible Employees

Monthly Rates* Valid for Effective Dates of January 1, 2004 through July 1, 2004

LEVEL TWO RATES (See Underwriting Policies and Requirements for eligible industries based on SIC codes)

PENNSYLVANIA				
PA AREA 1: EASTERN REGION (Bucks, Chester, Delaware, Lehigh, Montgomery, Northampton, Philadelphia counties)				
TIER STRUCTURE	PREMIER 1	PREMIER 2	PREMIER 3	PREMIER 4
Employee Only	\$17.70	\$24.20	\$35.95	\$35.95
Employee & Family	\$47.45	\$60.85	\$81.55	\$86.90
PA AREA 2: CENTRAL/NORTHEASTERN/WESTERN REGIONS				
TIER STRUCTURE	PREMIER 1	PREMIER 2	PREMIER 3	PREMIER 4
Employee Only	\$15.60	\$21.30	\$31.85	\$31.85
Employee & Family	\$42.00	\$53.80	\$72.10	\$76.85

MARYLAND				
MD AREA 1: EASTERN METRO REGION (Anne Arundel, Baltimore, Charles, Howard, Montgomery, Prince George's, St. Mary's counties)				
TIER STRUCTURE	PREMIER 1	PREMIER 2	PREMIER 3	PREMIER 4
Employee Only	\$23.95	\$32.65	\$48.60	\$48.60
Employee & Family	\$64.00	\$82.00	\$110.00	\$117.10
MD AREA 2: SOUTHERN / WESTERN REGIONS				
TIER STRUCTURE	PREMIER 1	PREMIER 2	PREMIER 3	PREMIER 4
Employee Only	\$15.95	\$21.80	\$32.50	\$32.50
Employee & Family	\$42.85	\$54.90	\$73.50	\$78.35

Group Contribution and Participation Requirements:

Rates require that the employer will contribute at least 50% of the cost of the Plan (no more than 50% contribution by employee) and that there will be no less than 75% enrollment of all eligible employees and no less than 50% enrollment of their dependents. Rates are based on a minimum enrollment of 10 employees.

NEW YORK				
NY AREA 1: GREATER NEW YORK REGION (Bronx, King, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, West Chester counties)				
TIER STRUCTURE	PREMIER 1	PREMIER 2	PREMIER 3	PREMIER 4
Employee Only	\$30.90	\$41.35	\$60.40	\$60.40
Employee & Family	\$82.00	\$103.70	\$137.05	\$145.70
NY AREA 2: UPSTATE REGION				
TIER STRUCTURE	PREMIER 1	PREMIER 2	PREMIER 3	PREMIER 4
Employee Only	\$18.00	\$24.10	\$35.30	\$35.30
Employee & Family	\$47.80	\$60.50	\$79.90	\$85.00

DISTRICT OF COLUMBIA				
TIER STRUCTURE	PREMIER 1	PREMIER 2	PREMIER 3	PREMIER 4
Employee Only	\$23.95	\$32.65	\$48.60	\$48.60
Employee & Family	\$64.00	\$82.00	\$110.00	\$117.10

DELAWARE				
TIER STRUCTURE	PREMIER 1	PREMIER 2	PREMIER 3	PREMIER 4
Employee Only	\$25.60	\$34.90	\$52.00	\$52.00
Employee & Family	\$68.50	\$87.85	\$117.70	\$125.45

WEST VIRGINIA				
TIER STRUCTURE	PREMIER 1	PREMIER 2	PREMIER 3	PREMIER 4
Employee Only	\$14.75	\$20.10	\$30.00	\$30.00
Employee & Family	\$39.55	\$50.70	\$68.00	\$72.40

* Rates guaranteed for 12 months from the effective date. Monthly rates are based on the location of the group's headquarters.